PRINTED: 10/15/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES	WINDOWN SERVICES	-		OIME MO	<u>. 0938-0</u>
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION  NG	(X3) DAT	E SURVEY
	445404	B. WING			
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS OF			STREET ADDRESS, CITY, STATE, ZII 2320 EAST LAMAR ALEXANDER MARYVILLE, TN 37804	CODE	02/2014
PREFIX LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
was conducted on S October 2, 2014, at E Care Center. The su Immediate Jeopardy provider's noncompli requirements of parti likely to cause, seriou or death to a resident of Care related to a s accurate transcription the electronic medical and reconciliation of r medication administra chart checks. The fact significant medication Deficiencies were cite Complaint #34603.  An extended survey w 30-October 2, 2014.  The facility was cited a F157-L, F281-L, F309 F490-L, F493-L, F501  The facility was cited S at F309-L and F333-L.  The Administrator, Me Medical Officer/In Hou	cation survey and plaints #34380 and #34603 eptember 22 through Blount Memorial Transitional urvey team identified (a situation in which the ance with one or more cipation has caused, or is us injury, harm, impairment, it) and Substandard Quality systemic problem with not medication orders into administration records medication orders with the ation records during 24 hour cility's failure resulted in errors for multiple residents. End from the investigation of was conducted September an Immediate Jeopardy at 1-L, F333-L, F425-L, F428-L, -L, and F520-L.  Substandard Quality of Care dical Director, Chief ise Legal Counsel, Chief irector of Nursing were diate Jeopardy on	F 00	POC #2 Preparation, submission, and im this Plan of Correction does not admission of, or agreement with survey or the conclusions set for of Deficiencies. The facility offer and Plan of Correction as a part efforts to provide quality care an and as required under federal ar Accordingly, Blount Memorial Toright to contest the survey finding conclusions that are set forth in the Deficiencies through informal disformal appeal proceedings, or an administrative or legal proceeding available. The facility also resemmedify its practices and procedure necessary to better meet the need.	constitute an , the finding of the th in the Statement s its responses of its ongoing d patient safety, id state law. IC reserves the gs and the he Statement of pute resolution, y other gs that are res the right to res in the future as	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V1N011

Facility ID: TN0501

If continuation sheet Page 1 of 151

		A MEDICAID SERVICES	-,			OMB NO	<u>D. 0938-039</u>
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		NSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		445404	B. WING			.ر أ	0/00/00/
i	PROVIDER OR SUPPLIER  MEMORIAL TRANS	CARE CTR		2320 E	TADDRESS, CITY, STATE, ZIP CODE AST LAMAR ALEXANDER PKWY VILLE, TN 37804	1 16	0/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE
F 157 SS=L	The Immediate Jeo February 12, 2014,  An acceptable Alleg removed the immediate received on Octobe corrective actions with surveyors on Octobe corrective actions of the continues at a scope for monitoring of the actions to ensure suit monitoring processes Committee.  483.10(b)(11) NOTIF (INJURY/DECLINE//INJURY/DECLIN	pardy was effective from through October 1, 2014.  ation of Compliance, which liacy of the jeopardy, was 72, 2014, at 11:55 a.m., and ere validated onsite by the er 2, 2014.  The Immediate Jeopardy tags and severity of a "F" level effectiveness of corrective stained compliance of s by the Quality Assurance FY OF CHANGES ROOM, ETC)  diately inform the resident; lent's physician; and if ident's legal representative ly member when there is an a resident which results in tential for requiring physician cant change in the resident's esychosocial status (i.e., a n, mental, or psychosocial reatening conditions or ); a need to alter treatment ed to discontinue an ment due to adverse commence a new form of ion to transfer or discharge facility as specified in	F 15	F157 NOTI (INJU What those defici Resid be aff specif Resid July 2 Resid by RN Resid RN, R Reside RN, R		found to lied on 21, 2014 014 by	10/31/2014
	and, if known, the res	promptly notify the resident ident's legal representative		Reside RN, Ri	ent # 279 was notified October 22, 20 isk Manager.	14 by	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2014

CENTERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIPLE COMO		MB NO. 0938-039		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING		(X3) DATE SURVEY COMPLETED		
	445404	B. WING				
NAME OF PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE	10/02/2014		
RECIENT MEMORIAL TRANS	<b></b>					
BLOUNT MEMORIAL TRANS	CARE CTR		ST LAMAR ALEXANDER PKWY LLE, TN 37804			
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	<del></del>		***************************************		
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX ( TAG CF	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD B ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COURTERON		
F 157 Continued From pag	ge 2	Reside F 157 RN, R	ent # 111 was notified October 21, 201 isk Manager.	4 by		
change in room or n specified in §483.18 resident rights unde	member when there is a commate assignment as 5(e)(2); or a change in r Federal or State law or fied in paragraph (b)(1) of	RN, RI	ent # 398 was notified October 21, 201 isk Manager. ent # 105 was notified October 21, 201 sk Manager.	i		
The facility must recitive address and pho	ord and periodically update ne number of the resident's or interested family member.	Reside RN, Ri notified Reside	sk manager.  Int # 197 was notified October 21, 2014  Int # 197 was notified October 21, 2014  In addition, her niece was  I by her request on October 24, 2014  Int # 23 was notified October 21, 2014  Isk Manager.	s ;		
Based on review of the review, interview, and	is not met as evidenced facility policy, medical record freview of facility	Resider RN, Ris	nt #411 wife was notified October 21, Risk Manager. nt #238 was notified October 22, 2014 k Manager.	by		
medication errors for #457, #188, #453, #4 197, #2 197, #2	mily, and/or physician of fifteen residents (#262, 52, #454, #455, #279, #111, 3, #411, and #238) of	the Train 31, 2014 March 3	nt #455 has expired since discharge from sitional Care Center (TCC) (facility) or 4. Therefore, notification of med error of through 8, 2014, was deemed ssary and inappropriate.	n luke l		
twenty-four residents errors, and failed to n significant weight loss four residents reviews facility's failure to noting family, and/or physicia	reviewed for medication otify the physician of a for one resident (#388) of ed for weight loss. The fy the resident, resident's	after her the med pharmad Courned entry wa	dical Director determined for resident a radditional review of the medical recor- ication dispensing system reports, and by records, that the resident did not rec- lin as documented by the nurse. The r is inaccurate. This staff member no load TCC (facility).	d, ( ceive		
placed the residents in situation in which the one or more requirem caused, or is likely to impairment or death). develop and implement address the systemic any resident who rece Immediate Jeopardy. ensure the physician v	In Immediate Jeopardy (a facility's noncompliance with ents of participation has cause, serious injury, harm, The facility's failure to a plan of action to failures was likely to place ived medications at risk for	However pharmace the order "hold Co-rejection generate generate was no Co-dispensir	ete review of chart, there was NO order in 2 mg to be given to the resident. The resident of t	oted or f ot ere		

Therefore, notification was not made to this resident and/or family.

CENTE	KS FOR MEDICARE	& MEDICAID SERVICES			FU:	KW APPROVE
STATEMEN	AT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDII	IPLE CONSTRUCTION	(X3) t	VO. 0938-039 DATE SURVEY COMPLETED
		445404	B. WING_			
	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP COL	DE	10/02/2014
	T MEMORIAL TRANS			2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804	Υ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP DEFICIENCY)	KOULD RE	(X5) COMPLETION DATE
	Nursing Officer, and informed of the Imm September 30, 2014 conference room.  The Immediate Jeop 12, 2014 through October 2014 through October 2015 Acceptable Allegation received on October removed the immediaverified on-site on October 2015 and Immediate on Oc	Medical Director, Chlefouse Legal Counsel, Chiefouse Legal Counsel, Chiefouse Legal Counsel, Chiefouse Legal Counsel, Chiefolie Director of Nursing were ediate Jeopardy on at 4:00 p.m., in the sardy was effective February tober 1, 2014.  Was conducted September 2, 2014.  In of Compliance was 2, 2014, and actions which acy of the Jeopardy were elober 2, 2014.  In ues at the severity of "F."  Exy, Change in a Patient's ast revised June 2012  Statement: Our facility shall the patient or representative in the patient's condition ardless of the patient's adition, nursing services will changes in their medical ents"  mitted to the facility on July as of Pneumonia, Acute itation, and Muscle	F 15	Poridont #399/a:	2014 by, documented exhibit 1). having the eficient ill be taken; considered in September arts and ARs) of 100% ewed during paper MAR, zed for any stor who was rocess. Six dical cal Director in for each of ional esident.  (8 errors) er, on further of previously one of two in error. The dication on fied ing.	
A	dministration Record	(MAR - record for				}

		A MEDICAID SERVICES	<del>-,</del> -		O	MB NO	). 0938-039 <sup>-</sup>
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445404	B. WING	3		1 40	VIDOLOGA A
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	T s	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/02/2014
BLOUN	IT MEMORIAL TRANS	CARE OTO			2320 EAST LAMAR ALEXANDER PKWY		
	- memorime manage	OARE CIR			MARYVILLE, TN 37804		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	AF.	(X5) COMPLETION DATE
	the resident was giv (milligram) (an antiperessant), (anti-cholesterol), ar antipsychotic).  Medical record revied July 23, 2014, (the rethrough July 25, 2014 discharge from the fadministration of Seimg, Pravastatin 40 m Medical record review July 25, 2014, reveal found med [medication other orders on another orders on another orders in 120/90] arousePhysician not Review of a nurse's revealed "06:30 B/F sat 92%slightly more deeper regular will complete the modern of the physic of the physi	edication administration) for on July 24, 2014, at 9:00 p.m., en Seroquel 200 mg sychotic), Sertraline 25 mg Pravastatin 40 mg and Risperidone 0.5 mg (an esident's admission date) 4, (the date of the resident's acility) revealed no orders for roquel 200 mg, Sertraline 25 mg, or Risperidone 0.5 mg.  W of a nurse's note dated ed "05:30 unit secretary on error aswas putting in mer pt [patient]. Pt. had 3 patient's orders. VS [vital seure, normal blood .Pt very sleepy hard to obtified, orders noted"  Into dated July 25, 2014, 2100/62P 77R 24O2 re arouseable respirations intinue to observe"  W of a nurse's note date July revealed the nurse started is to administer fluids of li/hr (milliliters per hour), as ian, to treat hypotension	F		Resident MR# 791005: Transcription error of September 23, 2014. Resident was notified October 1, 2014 by the Director of Nursing.  Resident: MR# 524029: Transcription error of September 4, 2014. Resident was notified C1, 2014 by the Director of Nursing.  Resident MR# 448221: Transcription error of September 15, 2014. Resident was notified October 1, 2014 by the Director of Nursing.  What measures will be put into place or what systemic changes you will make to ensure the deficient practice does not recur;  The "Change in a Resident's Condition or Stapolicy (see exhibit 2) was a pre-existing policy was reviewed, discussed, and revised Octobe 2014 by one of the Patient Care Coordinator (PCCs) with approval by the Interim Director Nursing (DON), Chief Nursing Officer (CNO), Medical Director. Revisions included instruction was staff shall notify the resident and/or family physician, and pharmacy of a change in staturelated to medication errors.  "Medication Occurrence: Procedure for Repopolicy (see exhibit 3) is a new policy that was created on October 22, 2014 by the Associate Nurse Executive of the parent hospital with approval by the Interim DON, Chief Medical Occurrences.  Educational in-service (see exhibit 4) on these policies was conducted by the Interim DON, Includes a definition of a medication occurrence and detailed procedure for reporting medication occurrences.  Educational in-service (see exhibit 4) on these policies was conducted by the Interim DON, Included all Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nurse Assistants (CI and Ward Clerks (WCs). Copies of the revise "Change in a Resident's Condition or Status" (exhibit 2) and new policy "Medication Occurrer Cexhibit 2) and new policy "Medic	on October on It at the atus" by that the ere 22, s of and ion on illy, us orting" e Officer icy ce on	
	to [family members] m	p.m. revealed, "reported nedications given to pt last		:			,

CAMPINE CONTROLLER   CAMPINE CONTROLLER	STATEMENT OF DEFICIENCIES	WILDIOAID BERVICES	<del></del>		OMB NO	D. 0938-039
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID SUMMARY STATEMENT OF DEPICIENCIES (EACH OPERICIES OF TAG SUMMARY STATEMENT OF DEPICIENCIES OF TAG SUMMARY STATEMENT OF DEPICIENCIES OF TAG SUMMARY STATEMENT OF DEPICIENCY MUST BE PRECEDED BY PULL REGULATION OR ISS IDENTIFYING INFORMATION)  F 157 Continued From page 5 night. Pt family spoke with [NP - Nurse Practitioner] and [Clinical Educator/Quality Assurance Nurse - Ce/QA], voiced concerns regarding medications. Requested of the sent to ER [Emergency Room] for evaluation"  Medical record review of a facility Discharge Summary dated July 25, 2014, revealed "Pt discharged to hospital, dx (diagnosis): accidental overdose"  Interview with the Director of Nursing (DON) on September 23, 2014, at 3/40 p.m., in the DON's office, confirmed the resident's family had not been immediately notified of the medication error. The error had been discovered at 4.00 a.m., and the family was notified by the quality Assurance Nurse at 2:45 p.m., over ten hours after the discovery of the medication error. The error had been discovered at 4.00 a.m., and the family was notified by the quality Assurance Nurse at 2:45 p.m., over ten hours after the discovery of the medication error. The error had been discovered at 4.00 a.m., and the family was notified by the quality Assurance Nurse at 2:45 p.m., over ten hours after the discovery of the medication error.  Resident #4457 was admitted to the facility on March 14, 2014, revealed "P. and the decident of the decident practice will not recur; te, what quality assurance program will be put into place."  Encoxaparin La medication error or propong blood clotting time, to prevent blood clots]0.4 ml millillers], subcutaneous, every 24 hours*  Medical record review of the Physician's Recapitulation Orders dated March 14, 2014, revealed "P. and the decident propong bl	AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DA	TE SURVEY
BLOUNT MEMORIAL TRANS CARE CTR    XUMMARY STATEMENT OF DEFICIENCES   2320 EAST LAMRA ALEXANDER PRWY MARWILLE, TN 37804		445404	B. WING	3 <sub></sub>	ļ <u>,</u>	V0040044
inight. Pt family spoke with [NP - Nurse Practitioner] and [Clinical Educator/Quality Assurance Nurse - CE/QA], voiced concerns regarding medications. Requested pt be sent to ER [Emergency Room] for evaluation"  Medical record review of a facility Discharge Summary dated July 25, 2014, revealed "Pt discharged to hospital, dx [diagnosis]: accidental overdose"  Interview with the Director of Nursing (DON) on September 23, 2014, at 3:40 p.m., in the DON's office, confirmed the resident's family had not been immediately notified of the medication error. The error had been discovered at 4:00 a.m., and the family was notified by the Quality Assurance Nurse at 2:45 p.m., over ten hours after the discovery of the medication error.  Resident #457 was admitted to the facility on March 14, 2014, with diagnoses including Acute Venous Embolism and Thrombosis of Lower Extremity, and Fractured Hip.  Medical record review of the Hospital Discharge Medication List dated March 14, 2014, revealed "Enoxaparin [a medication to prolong blood clotting time, to prevent blood clots]0.4 ml [millillers], subcutaneous, every 24 hours"  Medical record review of the Physician's Recapitulation Orders dated March 14, 2014, revealed "Enoxaparin40 mg /10.4 ml sol [soluttion] give 0.4 mlsubcutaneous once a day for blood clotting control"	BLOUNT MEMORIAL TRANS ( (X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY ELLIP	PREF	2320 EAST LAMAR ALEXANDER F MARYVILLE, TN 37804  PROVIDER'S PLAN OF CO IX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI	PKWY  DRRECTION IN SHOULD BE E APPROPRIATE	(X5) COMPLETION
Medical record review of the Medication Record (MAR) dated March 14, 2014, through March 20,	night. Pt family spot Practitioner] and [Cl Assurance Nurse - Cl regarding medication ER [Emergency Roo Medical record revie Summary dated July discharged to hospit overdose"  Interview with the Dir September 23, 2014 office, confirmed the been immediately no The error had been of the family was notifie Nurse at 2:45 p.m., or discovery of the medical Resident #457 was an March 14, 2014, with Venous Embolism an Extremity, and Fractu Medical record review Medication List dated "Enoxaparin [a medical clotting time, to preval [milliliters], subcutance Medical record review Recapitulation Orders revealed "Enoxapari [solution] give 0.4 ml for blood clotting contri	ke with [NP - Nurse nical Educator/Quality DE/QA], voiced concerns ns. Requested pt be sent to im] for evaluation"  w of a facility Discharge 25, 2014, revealed "Pt al, dx [diagnosis]: accidental ector of Nursing (DON) on at 3:40 p.m., in the DON's resident's family had not tified of the medication error. discovered at 4:00 a.m., and d by the Quality Assurance ver ten hours after the cation error.  dmitted to the facility on diagnoses including Acute d Thrombosis of Lower red Hip.  of the Hospital Discharge March 14, 2014, revealed ication to prolong blood in blood clots]0.4 ml pus, every 24 hours"  of the Physician's dated March 14, 2014, n40 mg /0.4 ml sol subcutaneous once a day ol"	F -	information flyers were distributed with the staff by the instructors du educational sessions and staff que answered. All nursing staff membeducated by October 25, 2014 exmembers who were on vacation din-service and those two staff mer their education to this policy by October 25, 2014 exmembers who were in effect as of 2014. New or contract staff will rect these policies (see exhibits 2 and new employee orientation packet. material will be updated as policy of the CE. The CE will also be responeducating current RNs, LPNs, CNA policy changes when they occur.  How the corrective action(s) will be ensure the deficient practice will now what quality assurance program wiplace.  Medication occurrence reports (see be reviewed during Nursing Leader The Nursing Leadership Meetings & October 7, 2014 and occur at 8:00a through Friday and is attended by the Administrator, DON, PCCs, CE, and Director at her discretion or as requited this meeting, a general review of occincluding medication errors and ensappropriate notification have been dexhibit 7). Since it was created the and Medicat Director have attended the Nursing Leadership Meeting is a its function.  Medication occurrences from the wereviewed on Monday mornings durir leadership meetings. The medication report (see exhibit 6) indicates when family, pharmacy, and physician was by whom. All deviations in proper no result in employee re-education and.	and reviewed uring these estions were estions were cept for two staff uring this mbers completed ctober 27, 2014  Cotober 25, seive education to 3) as part of their This educational changes occur by sible for As, and WCs of emonitored to ot recur; i.e., and the put into the exhibit 6) will ship Meeting. Degan on am Monday the TCC defect. During completed (see CMO, CNO, daily to ensure accomplishing the exhibit of the exhib	

	STATEMEN	T OF DEFICIENCIES	CAN BEST TO CELLATORS	T			<u>IMB NÇ</u>	). 0938-0391
	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
i	<u> </u>		445404	B. WING	;		1	
I	NAME OF	PROVIDER OR SUPPLIER		<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/02/2014
	BLOUNT	MEMORIAL TRANS	CARE CTR		2	MARYVILLE, TN 37804		
I	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID				<u>,</u>
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RE	(X5) COMPLETION DATE
	F 157	Continued From page	ne S			All and the second seco		:
		2014, revealed the omedication was indicated and the resident did	days for administration of the cated as every other day and not receive Enoxaparin 40 n March 15 and March 17,	F1	57	All nursing staff will be in compliance with the "Medication Occurrences: Procedure for Reporting" (see exhibit 3) as evidenced by documentation of appropriate notifications of medication occurrence form (see exhibit 6) to October 31, 2014. Documentation of notification during daily Nursing Leadership Medication occurrence.	n the	
		dated March 18, 201 [ultrasound] RLE frig	w of a Physician's Order 4, revealed "Vascular US th lower extremity] Dx: edemaDx: chills, warm,					
		dated March 19, 201 Venous RightClinic WarmthFindings( ihrombus (blood clot) bosterior tibial and pe	w of a Diagnostic Report 4, revealed "ExamLower al: RLE Edema and Significant nonocclusive is seen within the right eroneal veinsImpression: ive thrombus below the knee eal and posterior tibial					
	F	Note dated March 19, RLE doppler show no	of a Physician's Progress, 2014, revealed "results nocclusive thrombus [blood in] right peroneal [and] post derythema nes] 2 days"		**************************************			
	A d [I [s a lo b	Medical record review ated March 19, 2014 Enoxaparin] 1 mg/kg subcutaneous] every ssist with lovenox/colvenox when INR (intetween 2-3stop plate give lovenox 100 meres.	r of a Physician's Order , revealed "lovenox [kilogram] SQ 12 hours pharmacy to umadin bridge. Stop ernational normalized ratio) vixclarified with pharmacy g sq q [every] 12 60 mg lovenox to equal to				A CONTRACTOR OF THE PROPERTY O	

CTATEMENT OF BEHAVIOR	STATES OF AS OF AND STATES	<del></del>	_		OMB NO	<u>). 0938-039</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION	(X3) DA	TE SURVEY
	445404	8. WING	·			
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS C			2320	ET ADDRESS, CITY, STATE, ZIP CODE EAST LAMAR ALEXANDER PKWY YVILLE, TN 37804	E	0/02/2014
PREFIX LEACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. C IDENTIFYING INFORMATION)	ID PREFI TAG	x :	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157 Continued From pag	e 7	F 1	57			<u>:</u>
ZU, ZU14, revealed ",	investigation dated MarchError when entering order. tions and entered every 2					
21, 2014, revealed ". 3/14/2014Order en from [named hospital the frequency of the r	try error off admission orders ]. WC [ward clerk] changed ned [medication] dosing e been adjusted. Nurse did					The state of the s
frequenciesMedical [Lovenox]"	ion involved: Enoxaparin					
vvartarin Orders dater "Continue Lovenox	of the Anticoagulation d March 21, 2014, revealed 100 mg SQ Q 12h, begin r new onset DVT [Deep					100
Medical record review Data Set (MDS) dated the resident was cogn	of the Admission Minimum March 27, 2014, revealed itively intact.					
29, 2014, at 8:30 a.m. confirmed the Loveno incorrectly, entered as resident missed the do	QA Nurse on September, in the conference room, corder was transcribed every other day, and the use on March 15 and 17, view confirmed the ward incorrectly with the er day.		:			
Interview with Register September 29, 2014, a conference room, conf responsible for verifyin	t 9:10 a.m., in the					

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							SWILLE LED
NAME OF	PROVIDER OR SUPPLIER	445404	B. WING			1 1	0/02/2014
	F MEMORIAL TRANS	CARE CTR		232	REET ADDRESS, CITY, STATE, ZIP COD! 20 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OLILD BE	(X5) COMPLETION DATE
F 157	interview confirmed	rder for accuracy. Continued the RN signed the	. F1	157			
	Interview with NP #1 11:00 a.m., in the co	on September 29, 2014, at onference room, confirmed it are missed doses contributed					The shares .
	29, 2014, at 2:40 p.r. confirmed "always	edical Director on September n., in the conference room, conceivable the resident due to two missed doses of		ļ			
	29, 2014, at 10:15 a. confirmed the error v	J/QA Nurse on September m., in the conference room, was identified on March 20, ew confirmed neither the disease notified of the					
	March 22, 2014, with Rehabilitation, Disloc	dmitted to the facility on diagnoses including ated Shoulder, Intracranial at Hematoma, and Atrial					
(	Medical record review dated March 22, 2014 Coumadin for one mo neurosurgery"	v of the admission orders t, revealed "hold onth, until cleared by				**************************************	
i o	lated March 25, 2014 ng TAB [tablet] [Warf	of the Medication Record , revealed "Coumadin 2 arin Sodium] Oral Every flood Clotting Control, stop 4"					7

STATEMENT OF DE	FICIENCIES	A MEDICAID SERVICES	<del></del>			MB NO. 0	938-039
AND PLAN OF CORE	RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD		CONSTRUCTION	(X3) DATE S COMPL	SURVEY
		445404	B. WING			İ	
NAME OF PROVIDE	R OR SUPPLIER		<u> </u>	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/02	/2014
BLOUNT MEMO	DRIAL TRANS	CARE CTR			0 EAST LAMAR ALEXANDER PKWY		
					RYVILLE, TN 37804		
(X4) ID PREFIX (E TAG RE	ACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE C	(X5) OMPLETION DATE
F 157 Contin	nued From pag	ge 9	F 1	57		- 11	
Medic for Ma Coum	Iron 25, 2014,	ew of the Physician's Orders revealed no order for					
25, 20	14, at 6:00 p.r	w of the MAR dated March n., revealed LPN #2 nadin 2 mg tablet to resident		;			
uated (	al record revie March 26, 201 adin order."	w of the Physician's Orders, 4, revealed "dc [discontinue]		•			
chart. but has status s but still	", revealed ", Pt only had Co been here sin says it was ord active 3/26"	investigation dated March no Coumadin order in oumadin order for 3/25 - 3/26 nce 3/22. RX [Pharmacy] dered and canceled on 3/25 Continued review revealed of the medication error"					
reveale	itty investigation d "placed or	investigation addendum (to on dated March 27, 2014) der in computer under order"					
Septem confere required	ber 29, 2014, nce room, con	Charge Nurse, on at 5:50 p.m., in the firmed "we are not amily with a med				!	,,,,,
the conf respons administ	in September : erence room, ible for the inv ration of Cour	Patient Care Coordinator 30, 2014, at 8:25 a.m., in confirmed the RN was estigation of the nadin for Resident #188. infirmed "residents and					

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Lesoner			OMB NO	). 0938-039°
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL		E CONSTRUCTION		TE SURVEY MPLETED
	<u> </u>	445404	B. WING	;		·	
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR	·!	23	TREET ADDRESS, CITY, STATE, ZIP CODE 320 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804	<u> ( 10</u>	/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	AD BE	(X5) COMPLETION DATE
	Interview with the C 30, 2014, at 8:56 a.r. confirmed the facility of Resident #188 of Resident #453 was a February 10, 2014, and Rehabilitation, Afterd Hip Fracture, Muscle Stenosis.  Medical Record review dated February 23, 2 scored a 15 out of 18 Mental Status (BIMS cognitively intact.  Medical record review dated February 12, 2 [potassium] 20 meq [mouth] x [times] 1"  Medical record review dated February 10, 20 med [mouth] x [times] 1"  Medical record review dated February 10, 20 med [mouth] x [times] 1"	E/QA Nurse on September m., in the conference room, y had failed to notify the family the medication error.  admitted to the facility on with diagnoses including care for Healing Traumatic e Weakness, and Spinal  ew of the Admission MDS 2014, revealed the resident on the Brief Interview for ) indicating the resident was  w of a physician's order 014, revealed, "Kcl milliequivalent] po [by  of the Medication Record 014, through March 10, nysician's order was dication Record as a 20 meq oral once a day at abnormal labs" Continued ion Record revealed the tered Potassium 20 men	F	157	DEFICIENCY		
· F	Review of a facility inv March 6, 2014, reveal medication error?"	restigation signed and dated ed, "Was patient aware of Continued review of the the box marked "No"		***		:	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	CVILLE	1 T10: C	00110-1-1-1	OWB NO	<u>0. 0938-0391</u>
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI	DING	CONSTRUCTION		TE SURVEY MPLETED
		1				M ELIGO
NAME OF PROVIDER OR SUPPLIER	445404	B, WING	·		10	/02/2014
ŀ			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 (0	70272014
BLOUNT MEMORIAL TRANS	CARE CTR			0 EAST LAMAR ALEXANDER PKWY		
(X4) ID SUMMARY STA	TENENT OF DEPLOY		MA	RYVILLE, TN 37804		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF	ıx !	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETION
TAG REGULATORY OR LE	SC IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	DPRIATE	COMPLETION
:		:		DEFICIENCY)	<u></u>	:
F 157 Continued From page	ge 11	E 4	E7			
	_		57			1
Interview with the Di	ON on September 25, 2014,					
at 11:30 a.m., in the	COnference room confirmed	:				,
Which were not asde	d 22 doses of potassium	:				i
which were not orde	with the DON confirmed the					
resident was not not	ified of the medication arror					
Further interview cor	nfirmed the facility had failed 📑					•
to follow facility polic	y for notification.					ļ
Interview with the Or	7/04.14					ļ
30, 2014, at 8:37 a.n	E/QA Nurse on September					
confirmed the facility	does not immediately notify					ľ
i esidents or resident	's family of medication errore		1			ľ
Configured luteLyleM (	Confirmed the facility had					1
Talled to notify the res	sident of the medication					!
еггог.			ĺ			
Interview with the Adr	ministrator on September 30,		;			]
2014, at 10:13 a.m., i	ID the conference room					
confirmed the facility	Dolicy does not specifically				1	1
address medication e	FIFOIS, however the policy		Í		i	ļ
incident which might	otification related to any		1			
incident which might a	onfirmed the facility had		!			
failed to notify the res	ident of the medication		1			i
error.	i i i i i i i i i i i i i i i i i i i				1	-
Decident turo			l		j	ĺ
Resident #452 was ac	mitted to the facility on					
January 24, 2014, with	n diagnoses including sorders, Thoracic Region,		:		-	1
Urinary Tract Infection	n, Osteoarthrosis, Diabetes,				ŀ	J
and Hypertension.	, = void, Dianetes,				ļ	
Modination	• • •				!	İ
dated February 6 204	of the Admission MDS					
was cognitively intact.	4, revealed the resident				:	
1					:	
Medical record review	of the Physician's		:			[

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 157 | Continued From page 12 F 157 Recapitulation Orders dated January 24, 2014, revealed "...Percocet [brand name of Oxycodone, a narcotic pain reliever] 325 mg-5 mg tab...every 6 hours prn [as needed] for pain..." Medical record review of a Physician's Order dated January 24, 2014, revealed "...Order clarification Percocet 5/325 1 q [every] 6 [hours] prn for pain, may repeat in 1 [hour] if ineffective... Medical record review of a Physician's Order dated January 27, 2014, revealed "...Hydrocodone [a narcotic pain reliever] 5/325 [milligrams] po Q 8 [hours] scheduled [and] Q 6 [hours] PRN pain..." Medical record review of a prescription dated January 27, 2014, revealed "...Oxycodone/APAP [a narcotic pain reliever] 5/325...1 tab po Q 6 [hours] PRN pain...1 tab po Q 8 [hours] schedule..." Medical record review of a Physician's Order dated January 31, 2014, revealed "...Discontinue Hydrocodone order [and] continue Oxycodone order per script..."

Medical record review of the Medication Record dated January 24, 2014, through January 31, 2014, revealed "...1/27/14 Hydrocodone...325 mg-5 mg 1 tab...oral every 8 hours for pain..." Continued review revealed the resident received the Hydrocodone scheduled every eight hours from January 27, 2014 through January 30, 2014.

Medical record review of the Medication Record dated January 24, 2014, through January 31, 2014, revealed "...Hydrocodone...325 mg-5 mg 1 tab...oral every 6 hours prn for pain..." Continued

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) D/	TE SURVEY
			A. BUIL	JING _		60	MPLETED
İ	NAME OF ORGINATION OF STREET	445404	B. WING			1 40	0/02/2014
	NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS			232	REET ADDRESS, CITY, STATE, ZIP CODE 10 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804	1	102/2014
	PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) RE	(XS) COMPLETION DATE
	Medical record reviet dated January 24, 2 2014, revealed "P. every 6 hours prn for revealed the resider doses on January 2014, 2014  Review of the facility	resident received a total of edication on January 27 and ew of the Medication Record 014, through January 31, ercocet 325 mg-5 mgoral r pain" Continued review at received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses through the received a total of seven 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three doses 4 - 28, 2014, and three do	F 1	57	DEFICIENCY)		
	4, 2014, revealed " 1/27/2014Wrong N Doctor #2) wrote ord 5/325 mg Q 8 hr and #2) wrote a prescript Q 8 hr and Q 6 hr-pn date. Prescription wa noted if it had been for	Event Date: MedicationMD (Medical er in chart for Hydrocodone Q 6 hr-prn. (Medical Doctor ion for Oxycodone 5/325 mg n for the same patient on the es not signed off and not exect to pharmacy. Pt. etions. Script omission not last check and not by the					
	confirmed the resider and Hydrocodone on Continued interview of have clarified the order January 31, 2014, by wrote an order to discontinued interview was September 29, 2014.	/QA Nurse on September m., in the conference room, at received the Oxycodone January 27, 28, and 30th. onfirmed the nurse should be and it was discovered on chart check because the NP continue the Hydrocodone.  with the resident's physician 14, at 3:50 p.m., confirmed antend for the resident to Oxycodone) and				***************************************	

STATEM! AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION	(X3) D	(X3) DATE SURVEY COMPLETED	
		445404	B. WING	i		40/00/0044		
ļ	OF PROVIDER OR SUPPLIER			232	REET ADDRESS. CHY, STATE, ZIP CODE TO EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804	_   _ 1	0/02/2014	
(X4) [E PREFI TAG	K (EACH DEFICIENC)	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 15	7 Continued From pa	ge 14	F 1	57		ш <u> </u>		
	30, 2014, at 8:20 a orders were written, with the computer. If the RN was not awa Hydrocodone and Omedications.  Interview with the Cl 30, 2014, at 8:37 a.r. confirmed the facility residents or resident errors.  Resident #454 was a February 6, 2014, with Rehabilitation, Osteon Walking, and Anemia Medical record review February 19, 2014, rea 15 out of 15 on the was cognitively intact Medical record review dated February 27, 2 order " Cefdinir [an thours [every 12 hours Medical record review Medic	E/QA Nurse on September m., in the Classroom, y does not immediately notify s' families of medication  admitted to the facility on th diagnoses including opporosis, Backache, Difficulty a.  w of Admission MDS dated evealed the resident scored BIMS indicating the resident t.  w of a Physician's Order 014, revealed a medication antibiotic] 300 mg PO q12 s] x 5 days"						
	dated February 6, 20 revealed the order for to start on February 2 stop date for March 6 of for March 4, 2014 (	14, through March 6, 2014, r the medication was entered 27, 2014, and entered with a 3, 2014 (7 days later) instead (5 days later). Continued esident received 5 extra		Authorities		,		

PRINTED: 10/15/2014 FORM APPROVED

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Taxanı			OMB M	<u>0. 0938-039</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. SUILI		CONSTRUCTION		ATE SURVEY OMPLETED
<u> </u>		445404	B. WING	·			•••
NAMEO	F PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP COI	<u>  1</u> (	0/02/2014
BLOU	IT MEMORIAL TRANS	CARE CTR		232	20 EAST LAMAR ALEXANDER PKW ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORR. (EACH CORRECTIVE ACTION SI CROSS-REPERENCED TO THE AP DEFICIENCY)	HOULD AF	(X5) COMPLETION DATE
F 157	7 Continued From pa	ge 15	F 1	57			·
	Review of a facility March 6, 2014, reve medication error?	investigation signed and dated caled, "Was patient aware of "Continued review of the revealed the box marked					: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
	the resident was no	ON on September 30, 2014, conference room, confirmed notified of the medication the facility had failed to garding notification.		:			:
	repruary 24, 2014, v	admitted to the facility on with admitting diagnoses of on, Pressure Ulcer lower and Osteoarthritis.					:
	Medical record revie dated March 3, 2014 Prilosec 20 mg (an a	w of a Physician's Order , revealed an order for ntacid) daily.					:
	Medical record reviet dated March 8, 2014 reordered the Prilose	w of the Physician's Orders revealed the physician c 20 mg daily.		-			
> : :	March 2014 revealed	v of the resident's MAR for Prilosec was not arch 3 through March 8,		;			77.64
	2014, revealed the or discovered by Licens or by RN #1 on the tw Continued review revenues in the continued review revenues and the continued review and the continued review revenues and the continued review and the conti	l at 1:00 p.m., on March 28 safter the error.					
	interview with the DO	N on September 30, 2014,					

	STATEMENT OF D	EFICIENCIES	(X1) DOOMDEDICHDEHEDIOLIS	T		***************************************	<u> </u>	<u>⊃. 0938-039</u>
	AND PLAN OF COP	RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE		CONSTRUCTION		NTE SURVEY OMPLETED
Į			445404	B. WING				
ļ	NAME OF PROVI	DER OR SUPPLIER		<u></u>	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	<u>( 10</u>	0/02/2014
ļ		TORIAL TRANS				EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804		
	(X4) ID PREFIX TAG F	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OUILD RE	(X5) COMPLETION DATE
	F 157 Conf	tinued From pa	ge 16	F 1	5.7			
	at 3: Phys	00 p.m., in the sician had not b amily had not b	DON's office, confirmed the een immediately notified and een notified of the medication	F	<i>σι</i>			
	5, 20 After Pneu Mellit	114 with diagnos care for Healing Imonia, Urinary ius.	admitted to the facility on April ses of Rehabilitation, Traumalic Fracture of Hip, Tract Infection, and Diabetes					and the state of t
	Roce	i April 10, 2014.	w of a physician's order revealed an order for tic) 1 Gram, IV (intravenous) ays.					** ===:
	Medic order Contir the Ro	cation Record for had not been to nued review of pocephin had no ph April 13, 201	w of the resident's or April, 2014, revealed the ranscribed to the MAR. The resident's MAR revealed to been given from April 104, and four doses had been					
	IV had reveal	revealed the or I not been trans	vestigation dated April 17, der for the Rocephin 1 gram cribed. Continued review the error listed was the sed.					
	at 3:00	) p.m., in the D(	N on September 30, 2014, DN's office, confirmed the otified of the medication		*			
	21, 20 Trauma	14, with diagnos	milted to the facility on July ses including Rehabilitation, the Hip, Osteoporosis, and				· · · · · · · · · · · · · · · · · · ·	

	STATEMEN	IT OF DEFICIENCIES	WE PROMISSERVICES			OMB NO.	. 0938-039
	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DAT	E SURVEY PLETED
ŀ		<del></del>	445404	B. WING			
ŀ	NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C	10/	02/2014
ļ	BLOUN'	T MEMORIAL TRANS	CARE OTO	1	2320 EAST LAMAR ALEXANDER PH		
Ļ		- WEINGTON TO TRANST	CARECIR		MARYVILLE, TN 37804	*** 1	
	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COR	BECTION	,
	PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
	F 157	Continued From pag	ge 17	F 157	7		
		Medical record revie	w of the facility admission				
		records dated July 2	1. 2014, revealed				
		Oxycodone 5 mg	.1 tab ORALLY every 4	:		ļ	
		nours as needed, for	3 days, as needed, pain			5	
	I	dunlicate Overedes	ther review revealed a	:		,	
		detail (prescription o	order from a prescription aper order for narcotics).			!	
	'	(р. осопраст р	aper order for Haicotics).		1		
		Medical record review	w of the Medication Record		1		
		for July 2014, revealed	ed "Oxycodone HCL oral				
		every 4 hours pro for	moderate pain " Continued			į	
		review revealed the (	OXVCOdone was given from				İ
	i	five additional days a	29, 2014, by four LPNs for				
	:	after the date the me	nd eleven additional doses			!	
		discontinued.	dication was to be		<u> </u>	:	
				; i		:	
		Medical record review	v of the 5 day MDS	ļ	,	İ	•
		Assessment dated Ju	ily 28, 2014, revealed a			•	1
		BIMS of 14 (10 and a	bove, cognitively intact)			;	f
		Further review of the	MDS revealed			į	1
	į,	family involved in disc	important to have your care."	:		ļ	
	; ·		assions about your care."	(		·	
	į į	Review of the facility i	nvestigation dated July 29,	ļ			
		4014, revealed the ev	ent occurred on July 21	ļ			1
	' 2	2014, at 10:32 p.m., a	nd "medication was not	i		,	
	,	nacommued altel 3 di	avs as ordered"				i
		Continued review reversion Continued to receive Continued to receive Continued to receive Continued to receive Continued to receive Continued to receive Continued to review reversions to receive Continued to review reversions to review reversions to reversion to reversions to reversions to reversion to reversions to reversions to reversion to reversions to reversion to reversions to reversion to reversions to reversion to reversion to reversions to reversion to reve	aled Resident #111	:		ļ	
	a	) gyigger or centifible Ie bne aveb lengifible	Oxycodone 5 mg for five even additional doses.				
	, č	Continued review reve	even additional doses. ealed the patient was not				
	, n	otified of the medicat	ION error.	,			
	į			ļ			
	i li	nterview with NP #1 o	n September 29, 2014, at				1
	ι	read sturing the coup	erence room, confirmed			;	1
		esident #111 was not rror.	notified of the medication				
	, 5	1101.	;	:		1	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ľD PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE

F 157

DEFICIENCY)

### F 157 Continued From page 18

Interview with RN #3 PCC on September 30, 2014, at 8:25 a.m., in the conference room, confirmed "...residents and families are not notified of med errors..."

Interview with the DON on October 1, 2014, at 2:20 p.m., in the conference room, confirmed the facility failed to notify Resident #111 of receiving Oxycodone for five additional days and eleven additional doses after the discontinued date.

Resident #398 was admitted to the facility on July 21, 2014, with admitting diagnoses of Rehabilitation Process of Right total Knee replacement, Hypertension, Asthma, Difficulty in Walking, and Obstructive Sleep Apnea.

Medical record review of a physician's admission order dated July 21, 2014, revealed an order for Diazepam 5 mg (an antianxiety medication) twice a day as needed.

Medical record review of the MAR for July 21, 2014, through July 29, 2014, revealed Diazepam 5 mg was transcribed to be administered as a scheduled dose, twice per day, instead of as needed. Further review of the MAR revealed the medication had been administered two times per day from July 22 through July 28, 2014, and an additional dose was given on the morning of July 29, 2014. The resident had received fifteen doses of the medicine.

Review of a facility investigation dated July 29, 2014, revealed "...a copy of the report had been placed on clipboard by [LPN #11]. The medication order was for Diazepam 5 mg BID [twice daily] PRN [as needed]. The order was transcribed into

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V1N011

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 19 F 157 the computer as a routine scheduled order twice daily instead of as needed..." Interview with the DON on September 30, 2014, at 3:00 p.m., in the DON's office, confirmed the resident and the family had not been notified of the medication error. Resident #105 was admitted to the facility on July 10, 2014, with diagnoses including Rehabilitation, Acute Renal Failure, Hypertension, Hypopotassemia, and Diabetes Mellitus. Medical record review of the 5 day MDS Assessment dated July 17, 2014, revealed a BIMS of 14 (10 and above cognitively intact). Medical record review of the Physician's Orders dated July 10, 2014, revealed "Potassium Chloride felectrolyte replacement for low blood levels of potassium] Extended Release Tablet, 10 milliequivalent [meq] every day." Medical record review of the Physician's Orders dated July 23, 2014, at 6:30 p.m., revealed "KCL 20 meg po q am [every morning] [start in am] x 3 days [edema]." Medical record review of the MAR for July 2014 revealed the order for "Potassium Chloride 20 meq oral once a day" was dated for three days, July 24, 25, and 26, 2014. Further review revealed the Potassium Chloride 10 meg daily was not placed on hold and remained on the MAR. Medical record review of the MAR revealed on

July 24, 2014, LPN #10 administered the 20 meq Potassium Chloride lablet and the 10 meg

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEN/CLIA	7920 1200	UTIDLE CONCERNATION		OMB NO. 0938-039		
	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	ILTIPLE CONSTRUCTION DING	_ (X3)	DATE SURVE COMPLETED	
Į		445404	B. WING	3		40.00	
	NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS		•	STREET ADDRESS, CITY, ST 2320 EAST LAMAR ALEXA MARYVILLE, TN 37804	ANDER PKWY	10/02/201/	4
	PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLA  IX (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE D TO THE APPROPRIATE ICIENCY)	COMPLE DATE	HOIT
	Potassium Chloride	tablet for a total of 30 meq of	F 1	157		: : 	
	dated July 25, 2014,	ew of the Physician's Orders , at 8:23 a.m., revealed "kcl ) on hold until 7/27 due to nedications)"		I		:	
	daily, but new order daily, but new order 10 meq not placed o meq on the first day Potassium level to be [morning]. No harm r 10 meg order neede	y investigation dated AugustPt already on KCL 10 meq for 20 meq x 3 days received. In hold so the pt received 30 of the three day order. In e checked the next am moted. WC did not notice the did to be placed on hold" led the patient was not ation error.		- · · · · · · · · · · · · · · · · · · ·			
	Interview with the RN September 29, 2014, conference room, correquired to notify the [medicalion] error"	at 5:50 p.m., in the				- de	
	Interview with RN #3 2014, at 8:25 a.m., in confirmed "resident notified of med errors	PCC on September 30, the conference room, s and families are not					
	30, 2014, at 9:00 a.m.	vith RN #5 on September ., confirmed "I don't notify syou don't know if the s"				4 ph	
	24, 2014, with diagnos	Reflux, Hypothyroidism					

STATEMENT OF DEF	CIENCIES	(X1) BROWNED CURPULED CO.	Т.			OMB NO	. 0938-039
AND PLAN OF CORRE	CTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI		CONSTRUCTION	(X3) DAT	E SURVEY PLETEO
		445404	B. WING	;			
NAME OF PROVIDE	ROR SUPPLIER		.L		EET ADDRESS, CITY, STATE, ZIP CODE	10/	02/2014
BLOUNT MEMO				2321	0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804		
(X4) ID PREFIX (E/ TAG REC	CH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	х :	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	MIII O BE	(X5) COMPLETION DATE
F 157 Continu	ued From pa	ge 21	F1	57			
admiss orders 200 mg	ion orders da for home me I qhs [every h , Pravastatin	ew of the Physician's afed July 24, 2014, revealed dications including Seroquel our of sleep], Sertraline 25 40 mg qhs, and Risperidone					
Seroqui 40 mg, of July 2 Continu been giv	evealed the real 200 mg, Seand Risperide 24, 2014, due ed review revented to anothe	esident was not given esident was not given ertraline 25 mg, Pravastatin one 0.5 mg, on the evening to a transcription error. realed the medications had er resident in error.					
Nursing and fam of medic	i., in the hall, (DON)'s officially had not be ations.	8 on September 23, 2014, at outside the Director of e, confirmed the resident en notified of the omission		<b>j</b>			
29, 2014 Failure, I	, With diagno	mitted to the facility on July ses of Diastolic Heart er, Esophageal Reflux, and		-			
orders re	vealed an or	of the resident's admission der for Restoril (a sleeping as needed (PRN).		1			
revealed routine m Continue been adn	the medication and review revention and review reventions to the control of the c	of the resident's MAR on was on the MAR as a d a PRN medication, raled the medication had the resident as a routine from July 29, through					

STATEMEN	NT OF DEFICIENCIES	(>1) PROVIDER/SUPPLIER/CLIA	1			<u>ОМВ И</u>	<u>O. 0938-039</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL		CONSTRUCTION		ATE SURVEY OMPLETED
		445404	B. WING	<b>;</b>			
BLOUN	PROVIDER OR SUPPLIER T MEMORIAL TRANS			2320	EET ADDRESS, CITY, STATE, ZIP COE O EAST LAMAR ALEXANDER PKW RYVILLE, TN 37804	)E	0/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	łOULD A≄	(X5) COMPLETION DATE
F 157	Continued From page	ge 22	F.	57			····
	Review of a facility in 2014, revealed the computer as row was put in for Resto Continued review reduction occurrence was the correctly upon admission.	nvestigation dated August 7, order for Restoril was put into other and an additional order ril 15 mg QHS PRN. vealed the reason for the order was not entered assion.	•	;			
	at 3:00 p.m., in the [	ON on September 30, 2014, OON's office, confirmed the notified of the medication					:
	August 2, 2014, with	dmitted to the facility on admitting diagnoses of Post y, Hypertension, Muscle cully in Walking.		ļ			
i ! !	one-time dose of Dul softener) and a one-t	v of a physician's order , revealed an order for a colax Suppository (a stool ime dose for a bottle of a bowel cleansing agent) in t 6, 2014.		••••			
: (	2014, revealed "08/ [suppository] [Bisacoc constipationstart da 08/28/14" and "08 1.75 GM [grams]/30 n oral once a day for co 08/06/14stop date; and Magnesium Citrai	08/28/14" The Dulcolax le had been initialed as					
	August 6, and had be	efusal, on the morning of en initialed as given on 2014, for a total of three tion.					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 157 Continued From page 23 F 157 Review of a facility investigation dated September 4, 2014, revealed "...med order was Dulcolax Supp. X I in am, order was processed as Dulcolax Supp. PR (rectally) daily @ (at) 9:00 this was on emar (electronic medication administration record) x (times) twenty three days but pt. refused all but three doses. [RN #11] notified me of error on 8/28/14 [date of discharge]...[there was total of 2 extra doses given], cause of occurrence; order not processed correctly..." Interview with the DON on September 30, 2014, at 3:00 p.m., in the DON's office, confirmed the family had not been notified of the medication Resident #238 was admitted to the facility on August 14, 2014, with diagnoses including Aortocoronary Bypass, Dysphagia, Muscle Weakness, and Difficulty in Walking, Diabetes, Hypertension, and Hyperlipidemia. Review of the Admission MDS dated August 27, 2014, revealed the resident had a BIMS of 13 (resident cognitively intact).

edema..."

Medical record review of the Physician Orders dated August 2014 revealed an order "...August 14, 2014, Furosemide [diuretic medication] 20 mg [milligram] tab [tablet] oral daily @ 6 am for

Medical record review of the Physician's Orders dated August 19, 2014 revealed "...Lasix [Furosemide] 40 mg po [by mouth] now [immediately] and give another 20 mg at 6 pm...Increase Lasix in am to 40 mg daily..."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	7/01411			<u>OMB NO</u>	<u>OMB NO. 0938-0391</u>		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI		CONSTRUCTION		TE SURVEY MPLETED		
	445404	B. WING	i		<u> </u>			
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS	CARE CTR	<u>.</u>	232	REET ADDRESS, CITY, STATE, ZIP CODE 0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804	:	<u>)/02/2014</u>		
PREFIX ( LACH DEFICIENC)	VIEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	MII D RE	(X5) COMPLETION DATE		
Idiscontinue] Lasix.  Medical record reviet dated August 2014 Furosemide 40 mg 22, 2014, two days discontinued.  Medical record reviet dated August 2014 receive the now dos on August 19, 2014.  Review of the facility August 22, 2014, review of the facility August 22, 2014, review. Medication O Dosage Cause of E Correctly Lasix was aware of medication entered in under gen noticed when signing had generic name ar to be discontinued. V	ew of the Physician Telephone st 20, 2014 revealed "D/C"  ew of the Medication Record revealed the resident received daily on August 21 and August after the medication had been ew of the Medication Record revealed the resident did not e of medication as ordered	F1	57			•		
Check ErrorDid No LabelIncorrect Orde ConfirmationTransc Admission orders liste NP stopped it but call not catch the generic	investigation with date 2014 revealed "Chart t Read Drug er cription ErrorComments: ed meds in generic forms. ed by brand nameRN did form of the drug when the 24 hour chart check did							
Interview with the CE/	QA Nurse on September							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CO		141 000100000000000	1		OMB_	OMB NO. 0938-0391		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	TIPLE CONST DING	RUCTION	(X3)	(X3) DATE SURVEY COMPLETED	
		445404	B. WING			40/00/004		
	PROVIDER OR SUPPLIER	<u> </u>	<del>- •</del> - •- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	2320 EAST	DDRESS, CITY, STATE, ZI LAMAR ALEXANDER LE, TN 37804	P CODE	10/02/2014	
(X4) ID PREFIX TAG	CACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (E	PROVIDER'S PLAN OF C FACH CORRECTIVE ACTION DSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE	
F 157	25, 2014 at 1:41 p.r confirmed the facilit of the medication er	m., in the conference room, y failed to notify the resident rors.	F1	57				
	: 9:21 a.m., in the cor	on September 29, 2014 at afference room, confirmed the w policy and notify the		-			:	
	revealed three medical tasix 40 mg now was Furosemide 40 mg re	A Nurse on September 29, in the conference room, cation errors occurred: the is not given August 19, 2014; was given August 21, 2014; mg was given August 22,						
	2014, at 8:37 a.m., ir confirmed "I don't r	PCC on September 30, in the conference room, notify anybody" Further e facility had failed to notify						
	30, 2014, at 8:37 a.m confirmed the facility	/QA Nurse on September ., in the Classroom, does not immediately notify s family of medication errors.						
: ,	2014 at 10:12 a.m., ir confirmed "The resi notified consistently o	onfirmed "Our policy says						
: , 	August 8, 2014, with a Rehabilitation, Cellulit	dmitted to the facility on diagnoses including is of the Leg, and Pressure Congestive Heart Failure,						

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 8. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREF(X PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 26 F 157 and Diabetes Mellitus Medical record review of the facility's Nutritional History dated August 18, 2014, revealed an admission weight of 99.4 pounds, UBW (Usual Body Weight) of 96 pounds, and a BMI (Body Mass Index) of 18 (normal 18.5-24.9). Continued review revealed a diet order of "CCHO [Consistent Carbohydrate Diet] c [with] glucerna c meals/Regular. Glucerna TID [three times a day]." Medical record review of the 5 day MDS dated August 22, 2014, revealed the resident had a BIMS of 9 (indicating moderate impairment); needed supervision for eating, set-up only, and had a weight of 99 pounds. Medical record review of the Plan of Care dated August 28, 2014, revealed "... Needs therapeutic diet related to low BMI...interventions...Regular diet with Glucerna once daily, monitor meal consumption offering substitutes if resident consumes less than 50% of meals..." Medical record review of resident #388's weight dated September 7, 2014, revealed the resident weighed 95 pounds (4.1% loss). Continued review of a weight dated September 22, 2014. revealed the resident weighed 91 pounds (8.1% loss). Medical record review of the 30 day MDS dated September 11, 2014, revealed the resident had a BIMS of 10 (cognitively intact); needed supervision for eating, set-up only; and had a weight of 95 pounds.

Medical record review of the Interdisciplinary

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION DATE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 157 Continued From page 27 F 157 Progress Notes dated August 25 to September 23, 2014, revealed no documentation of weight loss. Medical record review of the facility's Meal & (and) Fluid Detail Report dated August 24 to September 21, 2014, revealed documentation the resident only received the Glucerna on September 5 and 6, 2014. Review of the facility policy, Supervision of Resident Nutrition, revised October 2009. revealed "...food and fluid intake must be observed...recorded and reported...information must be provided to the attending physician, certified dietary manager, and registered dietitian..." Interview with the RN #2 Charge Nurse on September 23, 2014, at 4:00 p.m., in the main nursing station, confirmed the RN had no knowledge of the weight loss. Interview with the Registered Dietician (RD) on September 23, 2014, at 4:30 p.m., in the dining room, confirmed the nutritional supplement was not documented and the RD was not aware of the weight loss. Continued interview revealed the RD had no further dietary consults for resident #388. Interview with the DON on September 24, 2014, at 7:45 a.m., in the main floor nursing station, confirmed the facility had failed to notify the dietitian or the physician of the weight loss.

The Immediate Jeopardy was effective from February 12 through October 1, 2014, and was removed onsite on October 2, 2014. An Acceptable Allegation of Compliance, which

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 8. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 157 Continued From page 28 F 157 removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyors through review of documents, staff interviews, and observations conducted onsite on October 2, 2014. The surveyors verified the allegation of compliance by: Verification through interview with Director of Nursing and review of the Medication Occurrence Report modified to require the date and time of notification of resident and/or family of medication errors. Review of the facility's in-service records to ensure nursing staff were educated regarding changes for notification. Review included the facility's plan of action to ensure all nurses were educated on the new system before being allowed to work a shift (coordinated by the Director of Nursing), and the facility's plan for education for nurses who were not scheduled to work or who were on vacation or Family Medical Leave. Verification through interview with the 3. Administrator, and review of facility documentation the facility's identification of eight transcription errors during the facility's audit of all current resident's medication orders. Review of facility documentation verified residents or resident's family, and physician were notified of the errors. Verification through interview with the Medical Director of immediate intervention to assess resident's status after identification of the error, and provide clarification orders where needed. 4. Verification through interviews with nine Registered Nurses, seven Licensed Practical

Nurses, and three Ward Clerks/Certified Nursing Assistants to determine the comprehension gained through in-services conducted by the

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING COMPLETED 445404 8. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 157 Continued From page 29 F 157 Director of Nursing regarding the changes and implementation of the facility's new procedures. 5. Verification through interview with the Administrator, Medical Director, Chief Nursing Officer, Risk Management Team, Director of Nursing, and Director of the Pharmacy Vendor of their participation in risk management meeting to address the system changes. Non-compliance continues at an "F" level for monitoring the effectiveness of corrective actions and evaluation of monitoring by the Quality Assurance Committee. The facility is required to submit a plan of correction. C/O #34603 F 226 483.13(c) DEVELOP/IMPLMENT F226 F 226 10/31/2014 What corrective action(s) will be accomplished for SS=D ABUSE/NEGLECT, ETC POLICIES those residents found to have been affected by the deficient practice; The facility must develop and implement written policies and procedures that prohibit Resident #446 was discharged on October 13, 2014 from the Transitional Care Center (TCC) mistreatment, neglect, and abuse of residents (facility) without injury or further incident. She was and misappropriation of resident property. discharged to home under the care and supervision of her family with Home Health Services to follow. How you will identify other residents having the potential to be affected by the same deficient This REQUIREMENT is not met as evidenced practice and what corrective action will be taken; by: Based on medical record review, interview, and Immediately following the allegation by resident #446, the Social Worker educated staff present on facility policy review, the facility failed to ensure October 3, 2014 through October 11, 2014 on the staff reported an allegation of physical abuse for "Abuse Investigation and Reporting" policy (see опе resident (#446) of twenty-seven residents exhibit 8) in use at the time (revision version dated

The findings included:

Resident #446 was admitted to the facility on September 18, 2014, with diagnoses including

reviewed.

August 20, 2014 by the Administrator, Director of Nursing (DON), Clinical Educator (CE), and Social

understanding of the policy as evidenced by signed

Services), and documented review and

rosters (see exhibit 9).

PRINTED: 10/15/2014 FORM APPROVED

STATEMENT OF DEFICIENCIES	L & WILDICAID SERVICES	<del></del>		OMB NO	0.0938-0391
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	JETIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
NAME OF OROUGH	445404	B. WING	S	10	10010044
NAME OF PROVIDER OR SUPPLIES			STREET ADDRESS, CITY, STATE, ZIP CO		/02/2014
BLOUNT MEMORIAL TRANS	CARE CTR		2320 EAST LAMAR ALEXANDER PKW		
			MARYVILLE, TN 37804	• •	
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	· ID	<del></del>	FATION	··
PREFIX (EACH DEFICIENC TAG REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	IX (EACH CORRECTIVE ACTION SI	HOULDEE	(X5) COMPLETION DATE
F 226 Continued From pa	age 30		In addition, in order to identify an	• •	:
Intention Infantion	#9# 30	' F:	In addition, in order to identify other n having the potential to be affected, or	esidents	!
Pagana Call	s, Systemic Inflammatory	i	24, 2014, the Social Worker, upon re-	commendation	
Response Syndron	ne, Pyelonephritis, Muscle		or the Ombudsman who was present	on that date	!
Weakness, Dinicul	ty in Walking, and Left Lung		visited all patients from room 101 to r	nom 115 to	
¹ Mass.			determine if any other residents cared same staff as resident #446 had any	of for by the	
Modical consul	•	ı	allegations of abuse. None were reno	ided The	
Medical record revi	ew of the 5-day Minimum Data		Ombudsman conducted rounds within	the facility	i
2014 rounded the	ment dated September 18,		on September 24, 2014, evaluating for	r sians of	
Continued sevience	resident was cognitively intact.		abuse or concerns voiced by resident none.	s. She found	
nhyeiral assistance	evealed the resident required		:		i
mobility transfers	of two persons for bed		Continuing after the date of allegation	, the Social	]
and bathing.	walking in room, toilet use,		Worker conducts rounds on residents and 14 of the Minimum Data Set (MDS	on days 5	ļ
and satisfies.	!		questioning all residents present on th	inse dates	
Interview with reside	ent #446 on September 22,		about any concerns related to abuse of	or quality of	ĺ
2014, at 11:00 a m	in the resident's room,		care.	1	1
revealed "on the f	irst or second nighthad a		On October 8, 2014 staff huddles bega	an and	[
nurse be rough with	meshe was cleaning me up		included education on what constitutes	s ahuse	
and turning me in be	ed" Continued interview		Instruction to be alert for any indication	ns of abuse	
revealed the inciden	t happened "maybe after		and how to report any allegation of abo are small and informal meetings involv	use. Huddles	
midnight" The res	ident stated told the person		Registered Nurses (RNs), Licensed Pr	actical	1
"you're rough" and t	ne person replied "well I might		Nurses (LPNs), Certified Nurse Assista	ants (CNAs)	ł
not be so rough if vo	would help yourself."		and ward clerks (WCs) present that shi	ift. They are in	1
Continued interview	revealed the incident was		held at the beginning of each shift daily conducted by the RN charge nurse. The	/ and	
героrted "to some	of the girlsstaff		orier discussion of any announcements	reminders	
membersa day or	two later"		or updates and content is determined by	ov the	
•			Nursing Leadership Meeting (see exhib Content from huddles is also document	oit 10),	
Review of facility pol	icy Abuse Prevention with a		huddle book so that staff not present m	led in a	
revision date of Marc	ch 2008 revealed "B.		as well.	,	
Training of staff in in	terventions, reporting		Educational in anning ( 1 11 11 11		ļ
detectionwhat cons	stitutes abuse"		Educational in-service (see exhibit 4) or constitutes abuse and how to report it w	n what	]
	<b>*</b>		<ul> <li>conducted by the Interim DON, Interim</li> </ul>	CE and	ľ
Review of facility pol	icy Abuse Investigation and		Patient Care Coordinators (PCCs) from	October	
Reporting with a revi	sion date of January 2014		22, 2014 - October 25, 2014, and include CNAs, LPNs, and WCs. The "Abuse In	ded all RNs,	
revealed "B. All per	sonnelto report incidents		<ul> <li>and Reporting" policy (see exhibit 8) wa</li> </ul>	is reviewed	
of resident abuse or	Suspected incidents of		and revised on October 22, 2014 with in	iout by	ł
abuse" Continued	review revealed "E. The		Nursing, Social Services, TCC Administ	trator, and	i
person(s) observing:	an incident of resident abuse		the TCC Medical Director to ensure full with Resident Rights.	compliance	- !
or suspecting resider	it abuse must immediately		The resident Aights.	İ	
report such incident t	o the charge nurse"		1		ł

D <u> 16</u>

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES				FORM	: 10/15/20 APPROVE . 0938-039
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLI NG	E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	445404	B. WING	_		10/	02/2014
į	T MEMORIAL TRANS	CARE CTR	:	23	TREET ADDRESS, CITY, STATE, ZIP CODE 320 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804		<u> </u>
PRÉFIX TAG	LEACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	:	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE	(X5) COMPLETION DATE
	office, revealed no a investigated regarding investigated regarding on September 24, 24 dining room, reveale week I worked Thurs Saturday and Sunda CNA #2 revealed " apatient who had sough with themthis	irector of Nursing (DON) on I, at 3:40 p.m., in the DON's illegations of abuse had been no resident #446.  ed Nurse Assistant (CNA) #2 in the main d "work 7am to 7pmlast sday and was off Friday, y" Continued interview with overheard staff talking about aid someone had been is was on Thursday conversationhad three	F 22	6	It was approved by the Interim DON, Ch Officer (CNO), and Medical Director and effect on October 25, 2014. Copies of the Investigation and Reporting policy (see were distributed and reviewed with the sinstructors during these educational sess staff questions were answered. Two staff vacation during this in-service and compeducation to this policy by October 27, 2 exhibit 11). New or contract staff will receducation to this policy (see exhibit 8) as their new employee orientation packet. educational material will be updated as prochanges occur by the CE. The CE will all responsible for educating current RNs, L CNAs, and WCs of policy changes when occur.  The TCC (facility) staff of other departmet (Dietary, Housekeeping, Laundry, Therap Administrative/Office staff) were provided the "Abuse Investigation and Reporting".	went into ne "Abuse exhibit 8) taff by the sions and if were on leted their 014 (see eive part of This solicy so be PNs, they  nts by, a copy of	

Telephone interview with Licensed Practical Nurse (LPN) #1 on September 24, 2014, at 10:22 a.m., revealed "...was working last Thursday...no one reported anything..." Continued interview confirmed the LPN denied hearing any discussions or being a part of discussion regarding the resident's allegation of physical abuse. Further interview confirmed no staff or resident reported an allegation of abuse to the LPN,

Telephone interview with Registered Nurse (RN) #10 on September 24, 2014, at 2:20 p.m. revealed "...do not provide direct care...just round...check on everyone..." Continued interview confirmed the RN denied hearing any discussions or being a part of discussion regarding the resident's allegation of physical abuse. Further interview confirmed no staff or resident reported an allegation of abuse to the RN.

exhibit 8) and required to review it and verify their understanding. This review and verification was documented via their signature on a roster (see exhibit 11). Contracted Services and Hospital staff who currently provide services at TCC are required to read the revised policy and sign the "Abuse Investigation and Reporting" roster (see exhibit 11) during their next visit at TCC and prior to providing care and services. On October 23, 2014, the hospital departments that provide services to TCC received instructions from the Interim DON relative to the requirement for their staff to complete this education and the process for completion and documentation of completion (see exhibit 12).

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

The "Abuse Investigation and Reporting" policy (see exhibit 8) was reviewed and revised on October 22, 2014 with input by Nursing, Social Services, and the TCC (facility) Medical Director to ensure full compliance with Resident Rights. It was approved by the Interim DON, CNO, and Medical Director and went into effect on October 25, 2014. Continued on Page 32(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF FACILITY  BLOUNT MEMORIAL TRANS CARE CTR		(X1)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2014		
				CITY, STATE, ZIP CODE			
(X4) [D	SUMMARY STATEMENT OF DEFICIENCI	2320 EAST LAMAR ALEXANDER PARKWAY MARYVILE, TN 37804					
PREFIX TAG	(EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMATION OF THE PROPERTY O	V Frii i	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)		COMPLETIO DATE	
F 226	Continued From page 32			This policy states that all abuse allegation reported immediately to the appropriate and the time of the occurrence. The sonotify the DON, Administrator, Medical Attending Physician. As indicated, staff the suspended, and a full investigation of will be initiated immediately.  Beginning October 27, 2014, any violation policy will result in disciplinary action.  Educational in-service (see exhibit 4) on a conducted by the Interim DON, Interim Conducted by the Interim DON, Interim Conducted all RNs, CNAs, LPNs, and WCs policy were distributed and reviewed with the instructors during these educational sets aff questions were answered. Two staff on vacation during this in-service and coneducation to this policy by October 27, 20 and Conducted to this policy was in effect as of Octob New or contract staff will receive education policy (see exhibit 8) as part of their new orientation packet. This educational mater updated as policy changes occur by the Cralso be responsible for educating current FCNAs, and WCs of policy changes when the TCC (facility) staff of other department Housekeeping, Laundry, Therapy, Administaff) were provided a copy of the "Abuse and Reporting" policy (see exhibit 8) and review it and sign a roster to verify their un (see exhibit 11). The Interim DON and Intellisted as resources for any questions regard policy. This was completed by October 28, staff that have worked at TCC to date. Add will be educated in this same manner as the their next scheduled shift.	supervisor on supervisor will Director, and member(s) will the allegation on so of the supervisor will the allegation on so of the supervisor will the allegation on so of the supervisor was CE, and PCCs 25, 2014, and 3. Copies of the staff by essions and members were supervisor will the staff by essions and members were supervisor will the staff by essions and members were supervisor will the staff by essions and members were supervisor will the staff by essions and members were supervisor will be supervisor to this employee rial will be 3. The CE will RNs, LPNs, shey occur.  Ints (Dietary, strative/Office Investigation required to inderstanding erim CE were ling this 1, 2014 for all litional staff		

STATEMEN	T OF DEFICIENCIES	Π-		<del></del>			
AND PLAN OF CORRECTION		(X1)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF FACILITY		445404			10/02/2014		
BLOUNT MEMORIAL TRANS CARE CTR		1		S, CITY, STATE, ZIP CODE		<u> </u>	
		MARY	AST LA VILE, T	MAR ALEXANDER PARKWAY IN 37804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CTO THE APPROPRIATE DEFICIENT	ROSS-REFERRED	(X5) COMPLETIO DATE	
F 226	Continued From page 32 (a)		F 226	Contracted Services and Hospital staff w provide services at TCC are required to repolicy and procedure and sign the "Abust and Reporting" roster (see exhibit 11) durisit at TCC and prior to providing care a On October 23, 2014, the hospital departs provide services to TCC received instruct the requirement for their staff to complete and the process for completion and docume completion (see exhibit 12).  How the corrective action(s) will be monitate deficient practice will not recur; i.e., vero assurance program will be put into place.  All allegations of abuse are being reviewed Nursing Leadership Meeting which occurs Monday through Friday and is attended by Administrator, DON, PCCs, CE, and Med at her discretion or as requested. During the general review of occurrences including all abuse and neglect is discussed (see exhibit was created, the CMO, CNO, and Medical attended daily to ensure the Nursing Leaders is accomplishing its function.  All allegations of abuse are being reviewed starting October 6, 2014 by the TCC Medical Dir Administrator, Hospital CMO, Hospital CNO, and Its Team. This team meets weekly on Medical attended the transplant of the TCC Medical Dir Administrator, Hospital CMO, Hospital CNO, CNO, and Medical CNO, TCC PCC, TCC CE Risk Manager, and Hospital Quality Managoriector. In addition to other responsibilities Medication Error Team/Risk Team reviews allegations of abuse and neglect (see exhibit Medication Error Team/Risk Team reviews allegations of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and neglect (see exhibit Medication of abuse and	ead the revised e Investigation ring their next and services. Incerts that tions relative to e this education nentation of tored to ensure what quality at daily in the sat 8:00am with th		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED			
NAME OF FAC	CILITY			S, CITY, STATE, ZIP CODE	10/02/2014			
BLOUNT MEMORIAL TRANS CARE CTR		2320 EAST LAMAR ALEXANDER PARKWAY MARYVILE, TN 37804						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	DIES ID		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD BE C TO THE APPROPRIATE DEFICIE	ROSS-REFERRED	(X5) COMPLETIO DATE		
F 226	Continued From page 32 (b)		F 226	All allegations of abuse are being review the TCC (facility) Quality Assurance (Q. This team meets monthly on the third W. month at 11:30am and includes the TCC TCC Medical Director, DON, CE, PCCs. Heads including the Social Services Rep. Registered Dietician, MDS coordinator, a Pharmacy Consultant. The purpose of the Committee is to provide general oversigh of care at the facility (see exhibit 14).  All allegations of abuse are being review the TCC (facility) Advisory Committee. The meets quarterly on the Fourth Wednesday following the end of the quarter at 7:00an the TCC Administrator, TCC Medical Director, CE, PCCs, Department Heads included Social Services Representative, Registere MDS coordinator, the Pharmacy Consultate community physician representative (see Additional actions will be taken based upper recommendations these committees.	A) Committee. ednesday of the Administrator, Department resentative, and the e QA at for the quality  ed quarterly at This team of the month and includes rector, DON, ading the d Dietician, ant, and exhibit 15).			
		i	İ		j			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT(F A. BUILDING	(X3) DATE SURVEY COMPLETED		
445404		B. WING			
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	10/02/2014	
PREFIX : (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
at 11:01 a.m., in Do had been interview of September 24, 2 revealed CNA #7 h care of resident #4. September 18, 201 resident's allegation Telephone interview 25, 2014, at 11:17 a 7abelieve I was w Thursdaythought. little ordeal" Cont "helping change abusiveresident p 'you're rough'" Co "sincewasn't my reported but doing it	DON on September 25, 2014, DN's office, revealed CNA #7 ed by the DON on the evening 014. Continued interview ad assisted CNA #2 in the 46 on the evening of 4, and had witnessed the a of physical abuse.  I with CNA #7 on September a.m., revealed "work 7p to orking lastneeded to call backsmall inued interview revealed did not think pinted at (CNA #2) and said intinued interview revealed patientshould have now! know now to report it look badthought about	F 226	Continued From Page 32(c)		
office, revealed "C pending investigation what was supposed interview confirmed opolicy for reporting a 483.20(k)(3)(i) SERV PROFESSIONAL ST  The services provide must meet profession	ICES PROVIDED MEET	F 281	F281 SERVICES PROVIDED MEET PROFESSION STANDARDS What corrective action(s) will be accomplished those residents found to have been affected by deficient practice;	l for	

	& MEDICAID SERVICES	·		OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		SLTIPLE CONSTRUCTION DING	(X3) DAT	TE SURVEY MPLETED
	445404	B. WING	S	10	/02/2014
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS	CARE CTR	•	STREET ADDRESS, CITY, STATI 2320 EAST LAMAR ALEXANI MARYVILLE, TN 37804	E, ZIP CODE	70212014
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN (EACH CORRECTIVE A	ACTION SHOULD BE 'O THE APPROPRIATE	(X5) COMPLETION DATE
Licensed Practical Nand procedures, me facility investigation, failed to follow facility medication orders, medication orders, medication errors or in medication errors of in medication errors (#262, #457, #188, #456, #279, #111, #3 #238) of twenty-four medication errors in situation in which the one or more requirer caused, or is likely to impairment or death) likely to place any resemble medications at risk for the Administrator, Medical Officer/In Ho Nursing Officer, and informed of the Immedications of the Immedications at risk for the Immedications of the Immedicat	Lippincott Manual of Nursing he Rules and Regulations of Nurses, review of facility policy edical record review, review of and interview, the facility y policy for transcribing econciling physician's orders inistration records, and for chart checks to ensure no courred. The failure resulted and placed sixteen residents (453, #452, #454, #455, 398, #105, #197, #23, #411, residents reviewed for Immediate Jeopardy (a facility's noncompliance with ments of participation has a cause, serious injury, harm, and the facility's failure was sident who received for immediate jeopardy.  Redical Director, Chief for immediate jeopardy.  Redical Director, Chief for immediate Jeopardy on at 4:00 p.m., in the facility was effective February ober 1, 2014.  Redical September an Acceptable Allegation of force the actions taken werified the actions taken	F2	The medication errors of res #188, #453, #452, #454, #4 #398, #105, #197, #23, #41 additionally reviewed by the Center (TCC) (facility) Medio Nursing Leadership Team o This team (created on Octol 8:00am Monday through Frithe TCC Administrator, Dire- Patient Care Coordinators (I Educator (CE), and Medical discretion or as requested. C general review of medication medication errors and ensurantification has been comple exhibit 7). Since it has been Medical Officer (CMO), Chie (CNO), and Medical Director ensure the Nursing Leadersh accomplishing its function.  None of these residents suffe permanent condition from the errors. Each resident was di below:  #262 to Blount Memorial Hos She was discharged from the skilled nursing facility from wil discharged to home in good of #457 to home on March 31, 2 #453 to home with Home Hea 2014  #455 to home with Home Hea #456 to an Intermediate Care 2014  #279 to home with Home Hea #111 to home with Home Hea #111 to home with Home Hea #111 to home with Home Hea	55, #456, #279, #111, 1, #238 have been Transitional Care cal Director and on October 21, 2014, ber 7, 2014) meets at day and is attended by ctor of Nursing (DON), PCCs), Clinical Director at her During this meeting, a cocurrences including ing appropriate sted is discussed (see created the Chief f Nursing Officer have attended daily to hip Meeting is ered a prolonged or enoted medication scharged as indicated spital on July 25, 2014. It hospital to a second hich she was later condition.	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014

CENTERS FOR MEDICARE	& MEDICAID SERVICES		FORM APPROVE
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	WOLLER TOUT GOVERN	OMB NO. 0938-039
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	445404	B. WING	
NAME OF PROVIDER OR SUPPLIER			10/02/2014
PLOIDIT MEMORING	_	STREET ADDRESS, CITY, STATE, ZIP C	
BLOUNT MEMORIAL TRANS	CARE CTR	2320 EAST LAMAR ALEXANDER PK	(WY
(X4) ID SUMMARY STA		MARYVILLE, TN 37804	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORPRETIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
F 281 Continued From page		#398 to home with Home Health or	n August 7, 2014
jeopardy on Octobe continues at the "F"	r 2, 2014. Noncompliance level.	#105 to home with Home Health or 2014	n August 14,
The findings include	ed:	#197 to home with Home Health or	August 8, 2014
Review of Lippincott	Manual of Nursing Practice,	#23 to home with Home Health on 2014	September 4,
of Care, Ethical and	ed, "Chapler 2 Standards Legal	#411 to home on August 29, 2014	
relevant, current fac	ityMaintaining familiarity of ility policies, procedures, and	#238 to home on September 30, 20	
regulations as they a	apply to the nurse's practice	It was determined for resident #188	, after additional
and specially area	Examining the quality	review of the medical record, the m dispensing system reports, and pha	edication
(accuracy and comp	leteness) of	that the resident did not receive Cou	umadin as
documentationCon	nmon Departures from the	documented by the nurse. The nur	se entry was
Standards of Nursing	g Carefailure tofollow	inaccurate. This staff member no lo	onger works at
physician orders, foil	ow appropriate nursing	TCC (facility).	
measuresadhere to	o facility policy or	In complete review of chart, there w	as NO order for :
procedureadminist	er medications as ordered,	Coumadin 2 mg to be given to the re	esident
and follow physician	s orders that should have	However, an electronic request was pharmacy for Coumadin 2 mg. Phar	sent to
peen questioned or r	not followed, such as orders	the order due to admission order cla	rification for
containing medication	n dosage errors"	"hold Coumadin", They notified TCC	(facility) of
Povious of the fee the	** ** **	rejection of order. The pharmacy (w	hich generates
Canada Out the facility	Medication Administration	Cournadin orders per protocol) did no Cournadin order for this resident. Th	ot generate a
General Guidelines re	evealed "Medications are	Coumadin withdrawn from medication	on dispensing
auministered as pres	cribed, in accordance with	system profile assigned to this reside	ent.
good nursing principle	es and practices and only	Conident #400	
persons legally autho	rized to do so. Personnel	Resident #188 was discharged home Living with Hospice to follow on April	e to Assisted
authorized to adminis	ter medications do so only		•
modication *4+ " "	arized themselves with the	How you will identify other residents	having the
medicationMedicati	ons are administered in	potential to be affected by the same	deficient
accordance with writte	en orders of the attending	practice and what corrective action w	/iii De taken;
physician, if a dose so	eems excessive considering	All residents in the TCC (facility) wen	e considered
ure resident's age and	condition, or a medication	to have the potential to be affected. T	The Electronic
diagnosis as assettiti	d to the resident's current	Medication Administration Record (E	-MAR).
Loraginosis or condition	, the physician is contacted	Electronic Treatment Administration	record :

medication..."

diagnosis or condition, the physician is contacted

for clarification prior to the administration of the

Review of the facility policy Charge Nurse with

(E-TAR), and Electronic Physician Order Entry (E-POE) system were abandoned immediately on September 30, 2014, returning to a hand-written, paper-based MAR, TAR, and physician order

system, effective October 1, 2014.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAT€ TAG DEFICIENCY) On September 30, 2014 through October 1, 2014. F 281 Continued From page 35 F 281 charts and MARs of 100% of the current residents revision date October 2012 revealed "...the (68) were reviewed during our conversion from E-MAR to paper MAR. In the process, the records charge nurse, at a minimum, is responsible for... were analyzed for any medication errors by the reviewing medication cards for completeness of Medical Director who was on site through the entire information, accuracy in the transcription of conversion process. physician orders, and adherence to stop order Our initial review identified 7 residents (8 errors) policies..." who we thought were affected. However, on further review, one resident (MR# 425745) had previously Review of the facility procedure Night Shift RN been notified of the error and another (one of two (Registered Nurse) Checklist undated revealed on MR# 448221) was found not to be an error. The following residents were affected: ...check charts after midnight (24 hr [hour] chart checks). If any new medicines ordered, verify Resident MR# 475365: Omission of medication on they were on the MAR [Medication Administration September 14, 2014 Record - record for documenting medication Resident MR# 483234: Transcription error on administration]..." September 18, 2014 Resident #262 was admitted to the facility on July Resident MR# 689434: Transcription error on 23, 2014 with diagnoses of Pneumonia, Acute September 25, 2014 Renal Failure, Rehabilitation, Atrial Flutter, and Resident MR# 791005: Transcription error on Muscle Weakness. September 23, 2014 Medical record review of the Medication Resident: MR# 524029: Transcription error on September 5, 2014 Administration Record (MAR) for July 2014, revealed on July 24, 2014, at 9:00 p.m., the Resident MR# 448221: Transcription error on resident was given Seroquel (an antipsychotic September 15, 2014 medication) 200 mg (milligrams), Sertraline 25 Starting September 30, 2014, additional Registered mg (an antidepressant), Pravastatin 40 mg (an Nurses (RNs), employed by Parent Hospital (Blount anti-cholesterol medication), and Risperidone 0.5 Memorial) were assigned to TCC to complete the mg (an antipsychotic medication). following tasks: Transcribe all physician orders for every current Medical record review of Physician's orders from resident to a hand-written MAR and/or TAR on July 23 through July 25, 2014, revealed no orders September 30, 2014 for immediate use. for Seroquel 200 mg, Sertraline 25 mg,

Pravastatin 40 mg, or Resperidone 0.5 mg.

24, 2014 revealed resident #262 was given Seroquel 200 mg Sertraline 25 mg, Pravastatin 40 mg, and Risperdal 0.5 mg one time. Further review of the facility investigation revealed

Review of the facility investigation initiated July

October 1, 2014.

 Verify (2 RN's) accuracy of all physician orders for every current resident to a hand-written MAR and/or TAR after transcription completed on

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł.	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		445404	B. WING	S	1	0/02/2014	
	PROVIDER OR SUPPLIER T MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP CO 2320 EAST LAMAR ALEXANDER PKY MARYVILLE, TN 37804	DDE	0/02/20 (+4	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	pt. [patient] that ha 2 daysWC [Ward admission profile 8 #262] profile did no admission profile, r [resident #262's] profile did no admission profile, r [resident #262's] profile did no admission profile, r [resident #262's] profile did no admission profile, r [resident #262's] profile did no admission profile did no served discharged to hosp overdose"  Telephone interview #5 on September 2 RN #5 had taken reward clerk to correct the ward clerk had transcribed resident for Seroquel 200 mmg every night, Pra and Risperdal 0.5 r computer screen in July 24, 2014, at 9: confirmed the order hour check by RN # caught when the RI orders transcribed I had failed to follow the transcription of Telephone interview Nurse (LPN) #8 on a.m., confirmed the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rithe resident on July LPN #8 failed to follow the transcription of the Pravastatin, and Rither Richard Ric	new admission were put on a d already been there x [times] d Clerk] was still in a new a [and] went into [resident of switch back to the new new admission meds put in rofile"  iew of a facility Discharge ally 25, 2014, revealed "Pt oltal, dx [diagnosis]: accidental with Registered Nurse (RN) 23, 2014, at 8:45 a.m., revealed esident #262's chart to the est an order in the computer; made the correction and then at #197's new admission orders are very night, Sertraline 25 avastatin 40 mg every night, ang every night, from the storesident #262's MAR on 44 p.m. Continued interview or was discovered during the 24 p.m. Continued interview or was not the continued interview or was discovered during the 24 p.m. Continued interview or was discovered during the 24 p.m. Continued interview or was discovered during the 24 p.m. Continued interview or was discovered during the 24 p.m. Continued intervi	F 2	Provide every 12 hour chart check review of all MAR, TAR, and new pheffective October 1, 2014. This proces Administer all medications under it two licensed nurses (RN or Licensed Nurse (LPN)) effective October 1, 20 process is ongoing.  What measures will be put into place systemic changes you will make to edeficient practice does not recur;  Initial education on the transcription process (see exhibit 16) was comple CNO on September 30, 2014 during educational session with all RNs and that shift. For the subsequent shifts 30, 2014 and October 1, 2014, the Ethe Allegation of Compliance and the transcribing and verifying MARs and check process, and new medication report, with each shift's RNs and LP 16).  From October 1, 2014 through October TCC Medical Director, CNO, Intel Interim CE, and Pharmacy Director of process for utilizing a printed MAR ethe pharmacy. This process is outiline "Medication Administration" policy (swhich was a new policy that was creand discussed on October 22, 2014 by the Interim DON, CNO, Associate Executive, and Medical Director and describes the transcription and verifit This policy was implemented October.	aysician orders less is ongoing. The purview of depractical 2014. This are or what ensure that the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of the less of less of the less of		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO	LTIPLE CONSTRUCTION DING		X3) DATE SURVEY COMPLETED
		445404	B. WING	S		10/02/2014
	PROVIDER OR SUPPLIER T MEMORIAL TRANS		:	STREET ADDRESS, CITY, STATE. 2320 EAST LAMAR ALEXANDE MARYVILLE, TN 37804		10/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD BE THE APPROPRIA	
F 281	2014, at 2:50 p.m., Nursing) office, cor aware of the medic ward clerk had not Resident #457 was March 14, 2014, wi Venous Embolism a Extremity, and Frac Medical record reviements"  Medical record reviements	clerk #1 on September 29, in the DON's (Director of firmed the ward clerk was not ation error and confirmed the followed transcription policy.  admitted to the facility on the diagnoses including Acute and Thrombosis of Lower stured Hip.  ew of the Hospital Discharge and March 14, 2014, revealed adication to prevent blood ters], subcutaneous [injection a just under the skin], every 24 ew of the Physician's aris40 mg/0.4 ml solution"  ew of the MAR dated March larch 20, 2014, revealed the ion of the medication was ther day and and the resident caparin 40 mg subcutaneous arch 17, 2014.  ew of the Medication Record 14, through March 20, 2014, let 7 did not receive the ubcutaneous on March 15	F2	Educational in-service (see ex was conducted by Interim DO PCCs from October 22, 2014 2014, and included all RNs, L Assistants (CNAs), and Ward staff members were on vacation-service and completed their exhibit 5) to this policy by Octoor contract staff will receive ex (see exhibit 17) as part of their orientation packet. This educate updated as policy changes The CE will also be responsib current RNs, LPNs, CNAs, and changes when they occur.  In accordance with standards nursing practice as set forth in Manual of Nursing Practice, 10 nursing staff has been educate (facility) policies regarding merverification, administration, and Education was conducted Oct through October 25, 2014. It will the CE, the Interim DON, and was provided to RNs, LPNs, C were required to indicate unde educational materials via their Materials provided to nursing since Nurse Education Packet (see exhibit 18). The week of October 27, education packet (see exhibit 19). The week of October 27, education and reinforcement education.  Beginning on October 17, 2014 now receives a printed MAR freevery day for the next 24 hour MARs are reviewed by two RN to use for medication pass by 1 (RNs or LPNs).  How the corrective action(s) wiensure the deficient practice wiensure the deficient pract	DN, Interim CE, at through Octobe, PNs, Certified Ni Clerks (WCs). To clerks (WCs). To clerks (WCs). To clerks (WCs). To clerks (WCs). To clerks (Wcs) on during this reducation (see ober 27, 2014. It ducation to this pir new employee attornal material viscoccur by the CE cle for educating d WCs of policy of professional in the "Lippincott Oth Edition, 2014 ed to adhere to To dication transcript d error reporting, ober 22, 2014 was administered the PCCs. Education transcript d error reporting, ober 22, 2014 was administered the PCCs. Education the PCCs. Education of all signature.  Staff included the exhibit 4) and nemos (see exhibit 4) and nemos (see exhibit 2014 a separate 19) was provided of previous  4 the TCC (facility om the pharmacy period. These is for accuracy pitch (facility) nurtill be monitored to ill not recur; i.e.,	nd ir 25, urse Two  New Policy  Vill  St.  AN  I for  Y)  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y

A45404  B. WING  STREET ADDRESS, CITY, STATE, 2/P CODE  2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTION SHOULD BE DEFICIENCY TO THE APPROPRIATE DEFICIENCY  F 281 Continued From page 38 dated March 18, 2014, revealed "Vascular US [ultrasound] RLE [right lower extremity] Dx: [diagnosis] warmth, edema [swelling]Dx: chills, warm, swollen RLE"  Medical record review of a Diagnostic Report dated March 19, 2014, revealed "ExamLower Venous RightClinical: RLE Edema and WarmthFindingsSignificant nonocclusive thrombus [blood clot] is seen within the right posterior tibial and peroneal veins"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  I the Quality Management Department finds deficiencies during their audits, they communicate the seen per performing audits (see exhibit 20) of 100% of the facility's residents' charts each day to ensure that the following processes are completed:  1 Verification that 2 RNs have deemed all physician orders accurate for every current resident  1 Thou rurses have reviewed every medication administered to every resident  If the Quality Management Department finds deficiencies during their audits, they communicate the toe the DN. Deviations from these practices		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SU	JRVEY
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID PREFIX TAGS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 38 dated March 18, 2014, revealed "Vascular US [ultrasound] RLE [right lower extremity] Dx: [diagnosis] warmth, edema [swelling]Dx: chills, warm, swollen RLE"  Medical record review of a Diagnostic Report dated March 19, 2014, revealed "ExamLower Venous RightClinical: RLE Edema and WarmthFindingsSignificant nonocclusive thrombus [blood clot] is seen within the right posterior libial and peroneal veinsImpression: significant nonocclusive thrombus elow the knee within the right processes and posterior tibial and peroneal and posterior tibial veins"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"			The state of the s	A. BUILDING	G	COMPLE	TED
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  FREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 38 dated March 18, 2014, revealed "Vascular US [ultrasound] RLE [right lower extremity] Dx: [diagnosis] warmth, edema [swelling]Dx: chills, warm, swollen RLE"  Medical record review of a Diagnostic Report dated March 19, 2014, revealed "ExamLower Venous RightClinical: RLE Edema and WarmthFindingsSignificant nonocclusive thrombus [blood clot] is seen within the right posterior libial and peroneal and posterior tibial veins"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results"  ID PROVIDER'S LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  MRAYVILLE, TN 37804  PREFIX TAGS  PREFIX LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPTON SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  PREFIX TAGS  PROVIDER'S			445404			10/02/3	2014
F 281 Continued From page 38 dated March 18, 2014, revealed "Vascular US [ultrasound] RLE [right lower extremity] Dx: [diagnosis] warmth, edema [swelling]Dx: chills, warm, swollen RLE"  Medical record review of a Diagnostic Report dated March 19, 2014, revealed "ExamLower Venous RightClinical: RLE Edema and WarmthFindingsSignificant nonocclusive thrombus [blood clot] is seen within the right posterior tibial and peroneal and posterior tibial veins"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results	BLOUN	T MEMORIAL TRANS			2320 EAST LAMAR ALEXANDER PKWY		
dated March 18, 2014, revealed "Vascular US [ultrasound] RLE [right lower extremity] Dx: [diagnosis] warmth, edema [swelling]Dx: chills, warm, swollen RLE"  Medical record review of a Diagnostic Report dated March 19, 2014, revealed "ExamLower Venous RightClinical: RLE Edema and WarmthFindingsSignificant nonocclusive thrombus [blood clot] is seen within the right posterior tibial and peroneal veinsImpression: significant nonocclusive thrombus below the knee within the right peroneal and posterior tibial veins"  Medical record review of a Physician's Progress Note dated March 19, 2014, revealed "results  F 281 permitted to transcribe medication and treatment orders.  On October 10, 2014, Hospital Quality Management Department began performing audits (see exhibit 20) of 100% of the facility's residents' charts each day to ensure that the following processes are completed:  • Verification that 2 RNs have deemed all physician orders accurate for every current resident  • 12 hour chart checks are completed on every resident each shift including review of all MARs, TARs, and new physician orders  • Two nurses have reviewed every medication administered to every resident  If the Quality Management Department finds deficiencies during their audits, they communicate these to the DON. Deviations from these practices	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE CO	(X5) MPLETION DATE
knee [within] right peroneal [and] post tibial veins. Pt has had erythema [redness]/edema x 2 days"  Medical record review of a Physician's Order dated March 19, 2014, revealed "lovenox [enoxaparin] 1 mg/kg [kilogram] SQ [subcutaneous] every 12 hoursclarified with pharmacy to give lovenox 100 mg sq q [every] 12 hoursgive additional 60 mg lovenox to equal to 100 rng lovenox today"  Review of the facility investigation dated March 20, 2014, revealed "Error when entering order. clicked frequency options and entered every 2 dayssuggest to prevent similar occurrences? Read order thoroughly recheck after entered for accuracy"  Review of the facility investigation dated March 21, 2014, revealed "Event Date:		dated March 18, 20 [ultrasound] RLE [ri [diagnosis] warmth, warm, swollen RLE Medical record revied dated March 19, 20 Venous RightClini WarmthFindings thrombus [blood cloposterior libial and psignificant nonocclu within the right peroveins"  Medical record revied Note dated March 1 RLE doppler shown knee [within] right per Pt has had erythemadays"  Medical record revied dated March 19, 201 [enoxaparin] 1 mg/kg [subcutaneous] ever pharmacy to give low hoursgive addition 100 mg lovenox todayssuggest to pre Read order thorough accuracy"	14, revealed "Vascular US ght lower extremity] Dx: edema [swelling]Dx: chills,"  ew of a Diagnostic Report 14, revealed "ExamLower cal: RLE Edema andSignificant nonocclusive t] is seen within the right peroneal veinsImpression: sive thrombus below the kneeneal and posterior tibial  ew of a Physician's Progress 9, 2014, revealed "results conocclusive thrombus below eroneal [and] post tibial veins. a [redness]/edema x 2  w of a Physician's Order 4, revealed "lovenox g [kilogram] SQ y 12 hoursclarified with renox 100 mg sq q [every] 12 al 60 mg lovenox to equal to ay"  investigation dated MarchError when entering order. tions and entered every 2 event similar occurrences? ally recheck after entered for investigation dated MarchError when entering order.	F 281	permitted to transcribe medication and treorders.  On October 10, 2014, Hospital Quality Management Department began performit (see exhibit 20) of 100% of the facility's recharts each day to ensure that the following processes are completed:  • Verification that 2 RNs have deemed all orders accurate for every current resident.  • 12 hour chart checks are completed on a resident each shift including review of all had taken and new physician orders.  • Two nurses have reviewed every medical administered to every resident.  If the Quality Management Department find deficiencies during their audits, they commit these to the DON. Deviations from these as of October 27, 2014 will result in emploing re-education and/or disciplinary action by the TCC Medication Error/Risk Team begotober 6, 2014, and was tasked to evaluate compliance with the process defined in the "Medication Administration" (see exhibit 17 team evaluates all medication error occurrand reviews medication error rates in the view meeting. Error rates are determined by the finedication errors per month divided by number of doses administered that month, goal is to have no medication errors, but in event an error occurs, this team ensures the robust investigation and evaluation ensures.  The TCC Medication Error/Risk Team meet Monday at 1:30pm and includes the TCC Monday at 1:30pm and includes the TCC Director, TCC Administrator, Hospital Associate Executive, TCC DON, TCC PCC, TCC CE Hospital Risk Manager, and Hospital Quali	physician  physician  every  MARs,  ation  ds  nunicate  practices  yee  the DON.  lan on  ate  a policy  7). This  ences,  weekly  e number  the total  The  at the  hat a  b.  ets every  Medical  O, CNO,  Nurse  Nurse	

NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 39  3/14/2014Order entry error off admission orders from [named hospital]. WC [ward clerk] changed the frequency of the med [medication] dosing which should not have been adjusted. Nurse did not notice the change in time frequenciesMedication involved: Enoxaparin [Lovenox]"  Medical record review of the physician's order dated March 21, 2014, revealed "Continue Lovenox 100 mg SQ Q 12h [hour]for new onset DVT [Deep Vein Thrombosis]"  A BUILDING  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  PROVIDERS PLAN OF CORRECTION (X.5).  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  In addition to other responsibilities (see exhibit 13), the Medication Error Team/Risk Team reviews all medication error delabase, and reviews the Hospital Quality Management audit results weekly. The team will also discuss any Safety Hotline calls made concerning medication errors or medication administration processes at TCC. This Hotline is used to report conditions affecting clinical resident safety or quality of care issues including medication errors or concerns.  Calls may be left anonymously or callers may leave contact information. The calls are transcribed by the Quality Management Department at the hospital and reviewed individually by the Hospital Risk Manager and the CMO. The Hospital Safety	7 7	
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 39  3/14/2014Order entry error off admission orders from [named hospital]. WC [ward clerk] changed the frequency of the med [medication] dosing which should not have been adjusted. Nurse did not notice the change in time frequenciesMedical record review of the physician's order dated March 21, 2014, revealed "Continue Lovenox 100 mg SQ Q 12h [hour]for new onset DVT [Deep Vein Thrombosis]"  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   ID PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY)  In addition to other responsibilities (see exhibit 13), the Medication Error Team/Risk Team reviews all medication corrure reports (see exhibit 13), the Medication Error Team/Risk Team reviews all medication error database, and reviews the Hospital Quality Management audit results weekly. The team will also discuss any Safety Hotline calls made concerning medication errors or medication administration processes at TCC. This Hotline is used to report conditions affecting clinical resident safety or quality of care issues including medication errors or concerns.  Calls may be left anonymously or callers may leave contact information. The calls are transcribed by the Caulity Management Department at the hospital and reviewed individually by the Hospital Risk Manager and the CMO. The Hospital Safety		
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 39  3/14/2014Order entry error off admission orders from [named hospital]. WC [ward clerk] changed the frequency of the med [medication] dosing which should not have been adjusted. Nurse did not notice the change in time frequenciesMedication involved: Enoxaparin [Lovenox]"  Medical record review of the physician's order dated March 21, 2014, revealed "Continue DVT [Deep Vein Thrombosis]"  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHO	1	
F 281 Continued From page 39  3/14/2014Order entry error off admission orders from [named hospital]. WC [ward clerk] changed the frequency of the med [medication] dosing which should not have been adjusted. Nurse did not notice the change in time frequenciesMedication involved: Enoxaparin [Lovenox]"  Medical record review of the physician's order dated March 21, 2014, revealed "Continue Lovenox 100 mg SQ Q 12h [hour]for new onset DVT [Deep Vein Thrombosis]"  FREFIX REGULATORY MUST BE PRECEDED BY FUIL TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  In addition to other responsibilities (see exhibit 13), the Medication Error Team/Risk Team reviews all medication occurrence reports (see exhibit 13), identifies negative trends from the analysis of data we enter in our medication error database, and reviews the Hospital Quality Management audit results weekly. The team will also discuss any safecting clinical resident safety or quality of care issues including medication errors or concerns. Calls may be left anonymously or callers may leave contact information. The calls are transcribed by the Quality Management Department at the hospital and reviewed individually by the Hospital Risk Manager and the CMO. The Hospital Safety	<u> </u>	
the Medication Error Team/Risk Team reviews all medication occurrence reports (see exhibit 6), identifies negative trends from the analysis of data we enter in our medication error database, and reviews the Hospital Quality Management audit results weekly. The team will also discuss any Safety Hotline calls made concerning medication errors or medication administration processes at TCC. This Hotline is used to report conditions affecting clinical resident safety or quality of care issues including medication errors or concerns.  Medical record review of the physician's order dated March 21, 2014, revealed "Continue Lovenox 100 mg SQ Q 12h [hour]for new onset DVT [Deep Vein Thrombosis]"	rion :	
Interview with the Clinical Educator/Quality Assurance (CE/QA) Nurse, on September 29, 2014, at 8:30 a.m., in the conference room, confirmed the Lovenox order was transcribed incorrectly, entered as every other day, and the resident missed the dose on March 15 and 17, 2014. Continued interview confirmed the ward clerk entered the order incorrectly with the frequency of every other day.  Interview with Registered Nurse (RN) #6 on September 29, 2014, at 9:10 a.m., in the conference room, confirmed RN #6 was responsible for verifying the order of Lovenox and failed to verify the order for accuracy. Continued interview confirmed the RN signed the twenty-four hour chart check on March 15, 2014, and did not identify the error.  Interview with Nurse Practitioner (NP) #1 on September 29, 2014, at 11:00 a.m., in the conference room, confirmed it would be possible the missed doses contributed to the development of the DVT.  Interview with the Medical Director or September  Interview with the Medical Director or September  Interview with the Medical Director or September  Interview with the Medical Director or September  Interview with the Medical Director or September  Interview with the Medical Director or September		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CO	(X3) DA	(X3) DATE SURVEY COMPLETED	
	445404		B. WING		10/02/2014		
	PROVIDER OR SUPPLIER T MEMORIAL TRANS			2320 (	ET ADDRESS, CITY, STATE, ZIP CODE EAST LAMAR ALEXANDER PKWY YVILLE, TN 37804		J70212014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
	confirmed "alway developed the DVI Lovenox"  Resident #188 was March 22, 2014, will Rehabilitation, Dish Hemorrhage, Subditation.  Medical record revidated March 22, 20 Coumadin for one meurosurgery"  Medical record revidated March "Coumadin (Warf [tablet] Oral Every Blood Clotting Cont 2014"  Medical record revidated March 25, 2014, Coumadin.  Medical record revidated March 25, 2014, at 6:00 paradinistered a Coumadin order".  Medical record revidated March 26, 20 Coumadin order".  Review of the facility 27, 2014, revealed	I.m., in the conference room, is conceivablethe resident due to two missed doses of due to two missed doses of due to two missed doses of due to two missed doses of due to two missed doses of due to two missed doses of due to the facility on the diagnoses including ocated Shoulder, Intracranial dural Hematoma, and Atrial dural Hematoma, and Atrial dural Hematoma, and Atrial dural Hematoma, and Atrial dural Hematoma, and Atrial dural Hematoma, and Atrial dural Hematoma, and Atrial dura	F 2	81			
	chart. Pt [patient] or	nly had Coumadin order for					

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		VSTRUCTION	(X3) DATE SURVEY COMPLETED		
		445404	B. WING				100	02/2014
]	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR		2320 E	FAODRESS, CITY, STATE, ZIP COI AST LAMAR ALEXANDER PKW VILLE, TN 37804	-	10/	<u>02/2014</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
F 281	(Pharmacy) status s canceled on 3/25 b Review of the facilit	been here since 3/22, RX says it was ordered and ut still active 3/26"  y investigation dated April 1,	F 2	281				
	2014, revealed "o patient. Order was disappear. Not sur- gave one dose to w	rder entered in on wrong discontinued but did not e why it did not go away. LPN rong patient"		ą ,				
	the investigation inti revealed "placed or	y investigation addendum (for tiated March 27, 2014), order in computer under o pharmacy calledcanceled		s				
	29, 2014, at 2:30 p.i confirmed "aware problems"	edical Director on September n., in the conference room, of process issuessystemic		-			• ]	
	2:20 p.m., in the cor staff failed to follow practice for medicati	ON on October 1, 2014, at a ference room, confirmed accepted standards of on administration which #188 receiving Coumadin.		:				
	February 10, 2014, v Rehabilitation, Afterd	admitted to the facility on with diagnoses including care for Healing Traumatic cle Weakness, and Spinal						
	dated February 12, 2	w of a physician's order 2014, revealed, "Kol 20 meq [milliequivalant] po						
	Medical record revie	w of the Medication Record					l	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
i 		445404	B, WING			,	0/02/2014
	PROVIDER OR SUPPLIER MEMORIAL TRANS	CARE CTR		2320	EET ADDRESS, CITY. STATE, ZIP CODE DEAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804	<u>.!</u> ,'	0/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
	2014, revealed the transcribed to the Medication adminis Chloride 20 meq or a.m.] for abnormal I the Medication Recadministered Potas 9:00 a.m., for a total Medical record reviet form revealed no docheck was complete Review of a facility if 2014, revealed, " Continued review reinformation and patinas a 1x order therefidaily" Further revidated and signed or revealed, " Nursing Comments/Actions and Cocurrence in Futur off were done in errochart check Breaked Review of a facility in received March 19, 20 ordered as a one timentered into compute	2014, through March 10, physician's order was ledication Record for tration as "Potassium al once a day at 0900 [9:00 abs" Continued review of ord revealed the resident was sium 20 meq every day at I of 22 days.  ew of a 24 Hour Chart Check ocumentation a 24 hour chart ad on February 13, 2014.  Investigation dated March 6, cause of ErrorOrder notDaily chart check franscription Error"  evealed, "Additional ent condition: was not put in ore pt (patient) received ew of the facility investigation in March 14, 2014, by (RN) #8 Supervisor and Suggestions to Prevent e: The taking off and signing or and I can't find a 24 hour	F 28	31			
;	not done on evening not signed off correct time was not entered	night shift that night. Order the Discontinue date and the computer to stop er confirmationtranscription					and the state of t

		C WEDICAID SEITHIGES				OWR M	O. 0938 <b>-03</b> 91
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		445404	B. WING			1	0/02/2014
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR	·	2320	EET ADDRESS, CITY, STATE, ZIP COD DEAST LAMAR ALEXANDER PKW RYVILLE, TN 37804	Œ	0/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	IOULO BE	(X5) COMPLETION DATE
F 281	Continued From pa	ge 43	F 2	:81			!
	by the CE/QA Nurse revealed, "What of occurrence?Carel revealed, "What do similar occurrences nurse has to overrid would check the ord dose"  Interview with LPN at 3:44 p.m., in the CLPN #13 was responded to potassium after it computer by the wall confirmed LPN #13 transcribed correctly confirmed the order at one time order, and computer as a daily interview confirmed doses of potassium the resident. Continued the order at the resident. Continued the resident werification of physical Resident #452 was a January 24, 2014, we intervertebral Disc Disc Disc Disc Disc Disc Disc Disc	essness" Continued review to you suggest to prevent! would think that if the med te a med consistently they ler-hopefully before the 22nd! and some sentered into the roder to the computer; and for potassium was written as difference was until the computer; and for potassium was written as difference was put into the dosing order. Further the resident received 22 total which were not ordered for used interview confirmed LPN the facility's policy for					
	revealed "Percocei tabevery 6 hours p	w of the Physician's s dated January 24, 2014, in [Oxycodone] 325 mg-5 mg rn [as needed] for pain"					

STATEMEN	IT OF DEFICIENCIES	(Y1) PPOMPEDICUEDIUS POLIC	1 225 4 11			<u>ив ио. 0938-03</u>	<u>91</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
<u>-</u>		445404	B. WING	G	<u></u>	10/02/2014	
	PROVIDER OR SUPPLIER T MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, 2320 EAST LAMAR ALEXAND! MARYVILLE, TN 37804		1010222014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	TX (EACH CORRECTIVE AC	OTION SHOULD I	BE COMPLETIO	ห
	clarification Percoca pain. may repeat in Medical record revied dated January 27, 2 "Hydrocodone 5/3 scheduled [and] Q 6 Medical record revied January 27, 2014, re [narcotic pain relieved [hours] PRN pain1 schedule"  Medical record revied dated January 31, 20 hydrocodone order [sorder per script"  Medical record revied dated January 24, 20 2014, revealed "1/2 mg-5 mg 1 taboral Continued review review review revealed "Hydrocodone schedule"  Medical record review review review revealed "Hydrocodone schedule"	2014, revealed "Order et 5/325 1 q 6 [hours] prn for 1 [hour] if ineffective"  ew of a Physician's Order 014, revealed 25 po [by mouth] Q 8 [hours] 6 [hours] PRN pain"  ew of a prescription dated evealed "Oxycodone/APAP et 3/3251 tab po Q 6 tab po Q 8 [hours]  ew of a Physician's Order 014, revealed "Discontinue and] continue oxycodone  w of the Medication Record 014, through January 31, 27/14 Hydrocodone325 every 8 hours for pain"  evealed the resident received neduled every eight hours 14 through January 30, 2014.  w of the Medication Record 114, through January 31, drocodone325 mg-5 mg 1 ms prn for pain" Continued esident received a total of	F	281			
	28, 2014.	dication on January 27, and v of the Medication Record		!		Values can can be consisted as a second seco	
	dated January 24, 20	14, through January 31, reacet 325 mg-5 mgoral				<b>V</b>	

MAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR  (XA) ID PREFIX TAGS  FEAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  F 281 Continued From page 45 every 6 hours pra for pain" Continued review revealed the resident received seven doses of Percocet January 24, 2014, through January 28, 2014, and three doses on January 30, 2014.  Review of the facility investigation dated February 4, 2014, revealed "Event Date: 1/27/2014Wrong MedicationMD [Medical Doctor #2] wrote a prescription for oxycodone 5/325 mg Q 8 hr and Q 6 hr-prn for the same patient on the [same] date. Prescription was not signed off and not noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge"  Interview with the CE/QA Nurse on September 25, 2014, at 10:30 a.m., in the conference room,		TIO TOTAL DIOTINE	A MEDIONIC DEITAIDED			OME	5 NO. 0938-0391
BLOUNT MEMORIAL TRANS CARE CTR  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281  Continued From page 45 every 6 hours prn for pain" Continued review revealed the resident received seven doses of Percocet January 24, 2014, through January 28, 2014, and three doses on January 30, 2014.  Review of the facility investigation dated February 4, 2014, revealed "Event Date: 1/277/2014Wrong MedicationMD [Medical Doctor #2] wrote order in chart for Hydrocodone 5/325 mg Q 8 hr and Q 6 hr-prn. [Medical Doctor #2] wrote a prescription was not signed off and not noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge"  Interview with the CE/QA Nurse on September 25, 2014, at 10:30 a.m., in the conference room,				1		(X	3) DATE SURVEY COMPLETED
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 45 every 6 hours prn for pain" Continued review revealed the resident received seven doses of Percocet January 24, 2014, through January 28, 2014, and three doses on January 30, 2014.  Review of the facility investigation dated February 4, 2014, revealed "Event Date: 1/27/2014Wrong MedicationMD [Medical Doctor #2] wrote order in chart for Hydrocodone 5/325 mg Q 8 hr and Q 6 hr-prn. [Medical Doctor #2] wrote a prescription was not signed off and not noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge"  Interview with the CE/QA Nurse on September 25, 2014, at 10:30 a.m., in the conference room,			445404	B. WING	3		10/02/2014
F 281 Continued From page 45 every 6 hours prn for pain" Continued review revealed the resident received seven doses of Percocet January 24, 2014, through January 28, 2014, and three doses on January 30, 2014.  Review of the facility investigation dated February 4, 2014, revealed "Event Date: 1/27/2014Wrong MedicationMD [Medical Doctor #2] wrote order in chart for Hydrocodone 5/325 mg Q 8 hr and Q 6 hr-prn. [Medical Doctor #2] wrote a prescription for oxycodone 5/325 mg Q 8 hr and Q 6 hr-prn for the same patient on the [same] date. Prescription was not signed off and not noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge"			CARE CTR		2320 EAST LAMAR ALEXANDER		1000
every 6 hours prn for pain" Continued review revealed the resident received seven doses of Percocet January 24, 2014, through January 28, 2014, and three doses on January 30, 2014.  Review of the facility investigation dated February 4, 2014, revealed "Event Date: 1/27/2014Wrong MedicationMD [Medical Doctor #2] wrote order in chart for Hydrocodone 5/325 mg Q 8 hr and Q 6 hr-prn. [Medical Doctor #2] wrote a prescription for oxycodone 5/325 mg Q 8 hr and Q 6 hr-prn for the same patient on the [same] date. Prescription was not signed off and not noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge"  Interview with the CE/QA Nurse on September 25, 2014, at 10:30 a.m., in the conference room,	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF	FIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIA	
confirmed the resident received the oxycodone and hydrocodone on January 27, 28, and 30th. Continued interview confirmed the nurse should have clarified the order, and it was discovered on January 31, 2014, by chart check because the NP wrote an order to discontinue the hydrocodone on this date.  Interview with the resident's physician on September 29, 2014, by telephone, at 3:50 p.m., confirmed the physician did not intend for the resident to have both percocet and hydrocodone.  Interview with RN #2 on September 30, 2014, at 8:20 a.m., by telephone, confirmed when new orders were written, the RN verifies the orders with the computer. Further interview confirmed RN #2 was not aware of the medication orders for hydrocodone and oxycodone, two separate pain	F 281	every 6 hours proferevealed the reside Percocet January 2 2014, and three dos Review of the facilit 4, 2014, revealed ". 1/27/2014Wrong Doctor #2] wrote on 5/325 mg Q 8 hr an #2] wrote a prescrip Q 8 hr and Q 6 hr-p [same] date. Prescript noted if it had be received both medic caught on 24 hour of in charge"  Interview with the C 25, 2014, at 10:30 a confirmed the reside and hydrocodone or Continued interview have clarified the ordaniary 31, 2014, b wrote an order to disthis date.  Interview with the resident of the physic resident to have both interview with RN #2 8:20 a.m., by telephor orders were written, with the computer. FRN #2 was not awar	or pain" Continued review of received seven doses of 4, 2014, through January 28, ses on January 30, 2014.  The provided seven doses of 4, 2014, through January 28, ses on January 30, 2014.  The provided ses on January 30, 2014.  The provided ses of the provided ses of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the same patient on the serior of the conference room, and the conference room, and the conference room, and the conference the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the medication orders for the medication orders for the medication orders for the serior of the medication orders for the serior of the medication orders for the serior of the medication orders for the serior of the serior of the medication orders for the serior of	F	281		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) t	(X3) DATE SURVEY COMPLETED	
		445404	B. WING			10/02/2014	
	PROVIDER OR SUPPLIER F MEMORIAL TRANS	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CO 2320 EAST LAMAR ALEXANDER PKY MARYVILLE, TN 37804	DDE	10/02/2014	
(X4) ID PREFIX TAG	<ul> <li>(EACH DEFICIENCY</li> </ul>	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	Continued From pa medications.  Resident #454 was	ge 46 admitted to the facility on its diagnoses including	F 2	181		:	
	Rehabilitation, Oste Walking, and Anem	oporosis, Backache, Difficulty					
	<ul> <li>dated February 27,</li> </ul>	ew of a physician's order 2014, revealed "Cefdinir [an O q12 [every 12] hours x 5				:	
	dated February 6, 2 revealed the order for to start on February stop date for March of for March 4, 2014	ew of the Medication Record 014, through March 6, 2014, or the medication was entered 27, 2014, and entered with a 6, 2014 (7 days later) instead (5 days later). Continued resident received 5 extra ic.					
	March 6, 2014, reve errorOrder not sign check errorOrder of Continued review re information and patie	ned off correctlyDaily chart entry-transcription error"					
* * * * * * * * * * * * * * * * * * *	received March 17, 2 date entered into cor extra days of medica	errorincorrect order		· · ·			
	by the CE/QA Nurse	on March 17, 2014, outside this occurrence?					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED	
		445404	B. WING		E	10/02/2014	
	PROVIDER OR SUPPLIER F MEMORIAL TRANS	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP C 2320 EAST LAMAR ALEXANDER PK MARYVILLE, TN 37804		10/02/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 281	Interview with Ward 2014, at 2:24 p.m., confirmed the medi was transcribed inc seven days instead  Telephone interview 29, 2014, at 3:50 p. completed the 24 hresident's medication confirmed the RN hranscription error dand had not followe verification of physical Resident #455 was February 24, 2014, Urinary Tract Infection Back, Osteoporosis	at do you suggest to prevent in the careful"  I Clerk #6 on September 29, in the conference room, cation order for the antibiotic correctly for administration for of five days.  I with RN #1 on September m., confirmed the RN had our chart check of the ons. Continued interview ad not identified the uring the 24 hour chart check, d the facility's policy for cian's orders.  admitted to the facility on with admitting diagnoses of on, Pressure Ulcer Lower, and Osteoarthritis.	F2	· · · · · · · · · · · · · · · · · · ·			
	Medical record reviet dated March 8, 2014 reordered the Prilos Medical record reviet March 2014 reveale Prilosec from March Review of a facility in 2014, revealed the cowas not discovered	ew of the physician's orders 4, revealed the physician					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445404	B. WING			10	/02/2014
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR		2320	EET ADDRESS, CITY, STATE, ZIP CODE 0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804		10414014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	8E	(X5) COMPLETION DATE
F 281	Continued From pa	ge 48	F 2	181			:
	review revealed the as failure to read co	cause for the error was listed implete order sheet for orders.					i i
	25, 2014, at 3:45 p. been missed on the	with RN #1 on September m., confirmed the order had twenty-four hour check and wed the facility Night Shift RN					
	<ul> <li>4:30 p.m., in the cor</li> <li>order for Prilosec ha</li> </ul>	#9 on September 25, 2014, at ofference room, confirmed the ofference missed and LPN #9 willty policy for accuracy in the sician orders.					• • • • • • • • • • • • • • • • • • • •
	February 25, 2014,	admitted to the facility on with diagnoses including cranial Hemorrhage following Veakness.		·			
	dated March 20, 201 Amitriptyline [an anti	w of a physician's order 4, revealed "Change depressant medication] 10 ne] x 5 days then d/c"		:			The state of the s
	dated February 25, 2 2014, revealed "3/ Hydrochloride 10 mg bedlimestop date 3 of the Medication Re received the medica did not receive anoth until March 22, 2014 was discovered, rese one dose of the sche	g taboral every night at 3/21/14" Continued review ecord revealed the resident tion on March 20, 2014, and her dose of the medication, when the medication error ulting in the resident missing eduled medication.					
: :	Review of a facility in March 22, 2014, reve	vestigation signed and dated aled.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		445404	8. WING		10	/02/2014	
	PROVIDER OR SUPPLIER MEMORIAL TRANS	CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804				
(X4) ID PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 281	Continued From pa	<del>-</del>	F2	81		ļ	
	the facility investiga Supervisor Comme	wrong" Continued review of stion revealed, "Nursing ints/Actions to prevent re: Will re-educate on order ates included"				*	
	received April 1, 20						
	by the CE/QA Nurse "What causes this	investigation signed and dated e on April 7, 2014, revealed, s occurrence? Put in computer out in for 1 day only start date					
:	3:26 p.m., in the cor #6 completed the 24 resident. Continued did not identify the s transcribed incorrec	on September 29, 2014, at ofference room, confirmed RN hour chart check for the interview confirmed RN #6 top date for the order was tly during the 24 hour chart follow facility policy for 24				1974 HARRY B	
!	<ol><li>2014, with diagno Aftercare for Healing</li></ol>	admitted to the facility on April ses of Rehabilitation, Traumatic Fracture of Hip, Tract Infection, and Diabetes				manus	
ļ	dated April 10, 2014. Rocephin (an antibio now and daily for ser	•					
	Medical record revie	w of the resident's		!			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY		
		445404	B. WING				
NAME OF	PROVIDER OR SUPPLIER		D. W.	STREET ADDRESS, CITY, STATE, ZIP	CODE	10/	/02/2014
BLOUNT	MEMORIAL TRANS	CARE CTR		2320 EAST LAMAR ALEXANDER F MARYVILLE, TN 37804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		N SHOULD E APPROPR	8E	(X5) COMPLETION DATE
	order had not been Continued review of the Rocephin had of through April 13, 20 missed.  Review of a facility 2014, revealed "ti gram IV had not be listedorder was not prevent similar occurrent similar occurrent shoroughly for check in place for a linterview with RN # 11:17 a.m., in the country the facility policy to transcription of order the error, but if the intranscription policy is transcription policy in the error, but if the intranscription policy is the error, but if the intranscription policy is the error, but if the intranscription policy is the error of	for April, 2014, revealed the transcribed to the MAR. If the resident's MAR revealed not been given from April 10 plus and four doses had been investigation dated April 17, ne order for the Rocephin 1 en transcribedthe cause of processedsuggestion to urrencesRN must review or accuracy, 24 hour chart double check"  10 on September 25, 2014, at onference room, confirmed ensure accuracy of ers had not been followed.  If with RN #4 on September m., confirmed could not recall medication was missed the	F2	281			
	September 29, 2014 order for the Rocept not been transcribed had not been follow: Resident #111 was a 21, 2014, with diagn Traumatic Fracture.	4, at 3:40 p.m., confirmed the hin IV on April 10, 2014, had and the transcription policy				a :	
ļ	records dated July 2	ew of the facility admission 21, 2014, revealed tic opioid pain medication) 5					; :

	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	445404	B. WING			0/02/2014	
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE	CTR		STREET ADDRESS, CITY, STATE, ZIP C 2320 EAST LAMAR ALEXANDER PK MARYVILLE, TN 37804	ODE	0/02/2014	
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	8E PRECEDED BY FULL	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 281 Continued From page 51 mg, 1 tab ORALLY, every (for) 3 days, as needed, pruther review revealed a order from a prescription subscription used for narch Medical record review of revealed "Oxycodone HC for moderate pain." Continued the Oxycodone was given July 29, 2014, by four LPM days and eleven additional Review of the facility investigation." Continued review was conducted by the Clin Assurance Nurse.  Interview with RN #6 on Section of the facility with RN #6 on Section of the facilit	duplicate Oxycodone detail (a paper cotics).  The MAR for July 2014, L oral every 4 hours prointed review revealed from July 25 through so for five additional al doses.  Stigation dated July 29, Ition was not as ordered" and a receive Oxycodone 5 and eleven additional stigation dated August entry error- missed by ur chart check".  The report was signed by a Coordinator].  Stigation dated August lication not stopped franscription error, chart or confirmation"  Itigation dated August lication d	F 2	281			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	445404	B. WING		40/00/2044	
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	10/02/2014	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE COMPLETION	
RN #6 signed off the hour chart check. On "we look back for missed, that's how it Further interview conference or responsibility to verify computer.  Interview with the RI 2014, at 4:45 p.m., it confirmed "it was at Interview with the Di Nurse Educator/Quat 29, 2014, at 2:18 p.m. confirmed the facility orders and medication Resident #111.  Resident #398 was at 21, 2014, with admitted Rehabilitation Processed Replacement, Hyper Walking, and Obstruction order date order for "diazepant 5 mg po twice daily at Medical record review 2014, through July 25 mg (milligrams) has	conference room, confirmed and admission orders and the 24 continued interview confirmed 24 hours only, so if it gets a stayed on the MAR" Infirmed it is the RN's fy the written orders with the N #8 PCC on September 29, in the conference room, an input error"  Trector of Nursing and the ality Assurance on September in., in the conference room, or failed to follow physician's on administration policies for admitted to the facility on July ting diagnoses of set of Right Total Knee tension, Asthma, Difficulty in citive Sleep Apnea.  We of the Physician's and July 22, 2014, revealed and an (an antianxiety medication) as needed"  We of the MAR for July 21, 9, 2014, revealed diazepamed been transcribed to be	F 2			
given routinely twice MAR revealed fifteen been given.	daily. Further review of the doses of the medicine had vestigation dated July 29.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445404	B. WING		10/02/2014
NAME OF PROVIDER OR SUPPLIEF BLOUNT MEMORIAL TRANS		23	TREET ADDRESS, CITY, STATE, ZIP COI 320 EAST LAMAR ALEXANDER PKW ARYVILLE, TN 37804	DE
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
diazepam 5 mg BI needed) and the o computer as a rou instead of as need Interview with ward 2014, at 2:50 p.m., office, confirmed the facility policy for ac physician's orders.  Interview with RN fithe conference roo diazepam 5 mg had as a scheduled me the transcription end on the twenty four Interview with diagent with the conference roo diazepam 5 mg had as a scheduled me the transcription end on the twenty four Interview with diagent with diagent with the conference roo diazepam 5 mg had as a scheduled me the transcription end on the twenty four Interview diagent with	medication order was for D (twice daily) PRN (as offer was transcribed into the line scheduled order twice daily ed.  I clerk #1 on September 29, in the Director of Nursing's ne ward clerk had not followed curacy in the transcription of the A on September 29, 2014, in m, at 3:40 p.m., confirmed the dibeen transcribed incorrectly dication, and RN #4 missed for on the admission order and nour chart check.  admitted to the facility on July moses including Rehabilitation, etc., Hypertension, dibabetes Mellitus.  The protessium experience of the physician's orders of the physician's orders of the physician's Orders of the Physician's Orders, at 6:30 p.m., revealed every morning] [start in am] x ma]"	F 281		
"Potassium Chlori	ew of the MAR revealed de 20 meq oral once a day" July 24, 25, and 26, 2014.			

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445404	B. WING			10/02/2014	
	PROVIDER OR SUPPLIER T MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP CO 2320 EAST LAMAR ALEXANDER PK MARYVILLE, TN 37804	DDE	1010212014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(K5) COMPLETION DATE	
	July 24, 2014, Lice #10 administered to tablet and the 10 m for a total of 30 me. Medical record revidated July 25, 2014 [potassium chloride increase in meds  Review of the facilit 14, 2014, revealed daily, but new order 10 meq not placed meq on the first day did not notice the 10 placed on hold"  Interview with the D at 2:25 p.m., in the when a new order for received, "the old by the ward clerk"  Interview with RN # September 29, 2014 conference room, cowasn't placed on hold	new of the MAR revealed on nsed Practical Nurse (LPN) he 20 meq Potassium Chloride req Potassium Chloride req Potassium Chloride.  The Potassium Chloride req Potassium Chloride req Potassium Chloride.  The Physician's Orders rewealed "kcl." on hold until 7/27 due to represent the process of the Physician's Orders revealed "kcl." on hold until 7/27 due to represent revealed represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 represent received 30 representation received 30 r	F 2	***************************************			
i	2014, at 8:50 a.m., i	B PCC on September 30, In the ground floor nursing new medication orders flication orders, they old order"					
	2:20 p.m., in the cor	ON on October 1, 2014, at ference room, confirmed the with physician's orders and				- definition while -	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES					D: 10/15/2014
		& MEDICAID SERVICES					0.0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		445404	B. WING			4	0/02/2014
NAME OF F	ROVIDER OR SUPPLIER		<u> </u>	s	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u>	0/02/20 14
BLOUNT	MEMORIAL TRANS	CARE CTR			320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO BE	(X5) COMPLETION DATE
	medication administ	ge 55 ted standards of practice for ration which resulted in ving additional Polassium	F 2	81			
	24, 2014 with diagno	admitted to the facility on July oses of Trans Cerebral al Reflux, Hypothyroidism, epressive Disorder.					
	July 24, 2014, reveal Seroquel 200 mg eve	nt's admission orders dated led physician orders for ery night, Sertraline 25 mg atin 40 mg every night, and every night.					
! !	evealed the Seroque	w of the MAR for July 2014, el 200 mg, Sertraline 25 mg, nd Risperidone 0.5 mg were July 24, 2014.					:
2 5 1 t	2014, revealed the re Seroquel 200 mg, Se 10 mg, and Risperido ranscription error wh						
2 1	2014, at 2:50 p.m., inwas responsible fo	lerk #1 on September 29, the DON's office confirmed or the medication errornot y for transcribing physicians		· · · · · · · · · · · · · · · · · · ·			
, 2   r	3, 2014, at 10:45 a.i	with RN #5 on September m., confirmed the RN had en omission on the initial ne twenty-four hour check					:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 4454D4 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 56 F 281 and had failed to follow facility policy for checking accuracy in transcription of physician orders and the twenty-four hour check list. Resident #23 was admitted to the facility on July 29, 2014, with diagnoses of Diastolic Heart Failure, Pressure Ulcer, Esophageal Reflux, and Muscle Weakness. Medical record review of the resident's admission orders revealed an order for Restoril (a sleeping pill) 15 mg qhs (every night) PRN. Medical record review of the resident's MAR revealed Restoril was on the MAR for July and August, 2014 to be given routinely every night and also at night, as needed. Continued review revealed the medication had been administered to the resident as a routine medication eight times from July 29, through August 5, 2014. Review of a facility investigation dated August 7. 2014, revealed the order for Restoril was "...put into the computer as every night routine and an additional order was put in for Restoril 15 mg QHS PRN..." Continued review revealed the reason for the occurrence "...order not entered correctly upon admission..." Interview with RN #8 on September 29, 2014, at 8:40 a.m., in the CE/QA nurse's office, confirmed the Restoril had been transcribed incorrectly as a PRN and scheduled medication and had not been transcribed per facility policy.

Interview with ward clerk #1 on September 29, 2014, at 2:50 p.m., in the DON's office, confirmed the ward clerk was aware of the medication error and had not followed facility policy for accuracy in

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 281 Continued From page 57 F 281 the transcription of physician's orders. Telephone interview with RN #5 on September 29, 2014 at 4:25p.m., confirmed the RN did not recall the medication error, but confirmed if the order and the 24 hour chart check was signed by the RN and the error was not caught, the policy was not followed. Resident #411 was admitted to the facility on August 2, 2014, with admitting diagnoses of Post Lumbar Laminectomy, Hypertension, Muscle Weakness, and Difficulty in Walking. Medical record review of a physician's order dated August 5, 2014, revealed an order for a one-time dose of a Dulcolax Suppository (a stool softener) and a one-time dose for a bottle of Magnesium Citrate (a bowel cleansing agent) in the morning of August 6, 2014. Medical record review of the MAR for August, 2014, revealed "... 08/05/14 Dulcolax 10 mg SUP suppository [Bisacodyl] rectal once a day for constipation...start date: 08/06/14...stop date: 08/28/14..." and "...08/05/14 Magnesium Citrate 1.75 GM [grams]/30 ml sol [Magnesium Citrate] oral once a day for constipation...start date: 08/06/14...stop date: 08/28/14..." Continued review revealed the Dulcolax and Magnesium Citrate had been initialed as held, due to resident refusal, on the morning of August 6, and had been initialed as given on August 9, 10, and 25, 2014, for a total of three doses of each medication.

Review of a facility investigation dated September 4, 2014, revealed "... med order was Dulcolax Supp. X I in am, order was processed as

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 10/15/20
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDII	IPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		445404	B. WING		
NAME O	PROVIDER OR SUPPLIER		<del>'                                    </del>	STREET ADDRESS, CITY, STATE, ZIP COI	1 10/02/2014
BLOUN	IT MEMORIAL TRANS		E	2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÉMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
	was on emar [electr administration recor all but three doses error on 8/28/14 [da total of 2 extra dose occurrence: order not avoid these errors'  Telephone interview 29, 2014, at 9:35 a.n order for the Ducolax Magnesium Citrate w twenty-four hour cher RN #4 had failed to find Checklist policy to very physician's orders.  Interview with RN #6 10:10 a.m., in the cort the order for the one-suppository and a one citrate were missed by followed the Charge I transcription of a physician's orders.  Resident #238 was ac August 14, 2014, with Aortocoronary Bypass	[rectally] daily @ 9:00 this onic medication d] x 23 days but pt. refused .[MDS RN #11] notified me of the of discharge][there was so given], cause of the processed correctly; references: need to read order necks already in place to help with RN #4 on September 1, confirmed the one time of suppository and was missed on the ck on August 5, 2014, and collow the Night Shift RN orify accurate transcription of the dose Dulcolax entime dose Dulcolax entime dose Dulcolax entime dose of magnesium ecause the LPN had not hurse policy for accurate esician's order.  Berk #1 on September 29, the Director of Nursing's ward clerk was aware of the had not followed facility on diagnoses including the possible of the diagnoses including the possible of the possible of the possible of the possible of the possible of the facility on diagnoses including the possible of the possible of the possible of the possible of the possible of the facility on diagnoses including the possible of the	F 28	<u> </u>	
<u> </u>	Weakness, Difficulty in	Walking, Diabetes,			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED			
		445404	B. WING				
	PROVIDER OR SUPPLIE T MEMORIAL TRANS	CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804				
(X4) ID PREFIX TAG	: (EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION		
F 281	Part of the part o		F 281				
	Hypertension, and	Hyperlipidemia.					
	dated August 2014	riew of the Physician Orders revealed an order "August nide [diuretic medication] 20 mg					
	tab oral daily @ [at	] 6 am for edema"	i				
:	dated August 19, 2 [furosemide] 40 mg	iew of the Physician's Orders 014 revealed order "Lasix g po now and give another 20 ase Lasix in am to 40 mg daily ] pm"	:		·		
	Medical record revi Orders dated Augu [discontinue] Lasix.	ew of the Physician Telephone st 20, 2014 revealed "D/C	:				
	for August 2014, re Furosemide 40 mg	ew of the Medication Record evealed the resident received on August 21, 2014, and to days after the medication	i : :				
	for August 2014, rev	ew of the Medication Record realed the resident did not go now as ordered on					
	prepared August 22 name LasixThe m LasixThe m LasixThe m LasixThe m LasixThe molecular order not signed discontinuedWhat similar occurrences change is made to examments: Admissiond NP wrote for Brand NP w	y investigation with date , 2014, revealed "drug edication order: D/C wrong dosageCause of ed off correctlyLasix was do you suggest to prevent ? Review all orders when a ensure accuracyAdditional on orders had generic name and name to be discontinued. IRN did not catch generic					

		E & MEDICAID SERVICES	· F · · · ·			OMB N	IO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		445404	B. WING	;			0.000.004		
NAME OF	PROVIDER OR SUPPLIER		-1	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1	0/02/2014		
D. G					0 EAST LAMAR ALEXANDER PKWY				
Broom	T MEMORIAL TRANS	CARE CTR							
///	SHAMADY STA	ATPAIRS OF PERIORS		INA	RYVILLE, TN 37804				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD 8E	(X5) COMPLETION DATE		
F 281	Continued From pa	200 60	·						
, 25,		ige 60	F 2	281					
	name"								
	Davida 5 do 6 - 109			- 1					
	Review of the facilit	ty investigation dated August							
	29, 2014, revealed	"Chart Check Error, Did Not		i					
	Read Drug Label, II	ncorrect Order Confirmation,		:			i		
	rranscription Error.	" Continued review revealed							
	Admission order:	s listed meds in generic forms.					ı		
	INP stopped it but ca	alled by brand nameRN did	į						
	not catch the gener	ic form of the drug when					;		
	signing on orders as	nd the 24 hour chart check did							
	not catch it neither	. <del>.</del> "							
	Repetitud named and the	mar makes ma		\$					
	Wedical record reviews	ew of the 24 Hour Chart							
	Oneck form for the i	month of August revealed the		!					
	. 24 nour chart check	was done on August 21,		1					
	discontinue Lesiues	id not identify the order to							
	discontinue Lasix or	1 August 20, 2014.							
	Intention with the Cl	linioni EducatoriOtu					:		
	Assurance Muse Ci	linical Educator/Quality							
	n m in the conforce	September 25, 2014 at 1:41							
	resident admission	nce room revealed "The							
	August 14 2014 At	orders written were written on							
,	Furgeomide (ND #	that time the resident was on		•			'		
	2014 and wests on a	2] came in on August 19, order for Lasix 40 mg now.							
,	The INDI also increa	nsed Lasix to 40 mg daily		:					
	II PN #3] nave the de	oses of Furosemide to the							
	resident Ward Cler	rk #5j did not know that Lasix							
	and Furosemide are	the same medication so the					ŀ		
	Furosemide remains	and same incultation 100 (Ne					i		
	Record" Further in	nterview with the CE/QA		:			1		
:	Nurse revealed " IR	RN#11] Charge Nurse was		:					
	Supposed to compar	e the written orders with the		İ			' <b> </b>		
	computerThe nurs	e did not do that "		1					
		revealed RN #6 during		3			į		
1	review of the MAR di	iscovered the medication							
!	error on August 22	2014, at 10:44 p.m., two days							
	later.	-017, at 10.44 p.m., two days							
							!		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	LTIPLE (	CONSTRUCTION	(X3) DA	3) DATE SURVEY COMPLETED	
		445404	B. WING	·		1 41	\/\n2\\2\\A	
	PROVIDER OR SUPPLIER  MEMORIAL TRANS	18, u		2320	EET ADDRESS, CITY, STATE, ZIP CODE DEAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804	1	0/02/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE	
	at 11:00 a.m., in the the facility failed to a medication adminis accurate 24 hour chemedications.  Interview with Ward 2014 at 2:45 p.m., bunaware of medication fur one told me a orders off then put the place the chart in the recheck it"  Interview with the Cl 29, 2014, at 4:47 p.r. confirmed RN #5 pechart check and failed order, follow the medicand follow the twenty.  Telephone interview 30, 2014, at 8:19 a.m. Fur osemide was distructed was distructed and Las MARI looked at the 2014 to discontinue fur osemideI just lo [Lasix]. I didn't know namesI knew the trusixI saw the Las check for Fur osemid brought to my attentification" Continued if facility failed to follow	P #1 on September 29, 2014 conference room, confirmed follow their policy on tration and to perform an nart check of resident  Clerk #5 on September 29, by telephone, revealed ion error regarding now dose tinued interview revealed bout the error! take the he order in the computer then e nurse's box and the nurses  E/QA Nurse on September m., in the conference room, rformed the twenty- four-hour ad to verify the medication dication administration policy, y hour night shift check list.  with RN #2 on September n., revealed "When the continued both the ix was both listed on the example Lasix order on August 20, Lasix. I didn't discontinue oked at the one medication it under two different wo names. I just looked up ix was discontinued but didn't eThe medication error was on the next day by [RN #3 interview confirmed the interview	F 2	281				
	administration policy	,						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ULTIPLE CONSTRUCTION DING	(X3) DA	(X3) DATE SURVEY COMPLETED	
		445404	B. WING	3		3/03/304.4
	PROVIDER OR SUPPLIER T MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP C 2320 EAST LAMAR ALEXANDER PI MARYVILLE, TN 37804	ODE	<u>0/02/2014</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES * MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETION DATE:
F 281	revealed the Adminimedication errors. the Administrator state Administrator state were more of an individual been handled on an interview revealed the was a problem in the transcription and verification (#1. The ward clerk orders correctly from electronic MAR, #2. the orders were correctly from electronic man, in the transcription errors). Interview with the DC at 11:10 a.m., in the "We have a proble process regarding ta combination of thing come down to a clear interview confirmed the state of the process regarding the come down to a clear interview confirmed the state of the process regarding the come down to a clear interview confirmed the process.	dministrator on September 30, in the conference room, strator was aware of Continued interview revealed ated the medication errors ividual problem, and "have individual basis" Further he Administrator stated there at three step process of iffication of physician's orders transcribing physician's in the paper orders into the The RN checking to verify ect, and #3. The Night Shift inchecking for any  ON on September 30, 2014, conference room, revealed m with the three step king off ordersit is a second with the three step king off ordersit overify the cription of the physician's	F2	281		
	February 12 through removed onsite on O Acceptable Allegation removed the immedia received and correcti the surveyors through interviews, and obser	ardy was effective from October 1, 2014, and was ctober 2, 2014. An of Compliance, which acy of the jeopardy, was ve actions were validated by review of documents, staff vations conducted onsite on e surveyors verified the				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING\_ 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY **BLOUNT MEMORIAL TRANS CARE CTR** MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 63 F 281 allegation of compliance by: 1. Review of the facility's in-service records to ensure nursing staff were educated regarding changes for medication administration which included the implementation of paper Medication Administration Records (MARs), Review included the facility's plan of action to ensure all nurses were educated on the new system before being allowed to work a shift (coordinated by the Director of Nursing), and the facility's plan for education for nurses who were not scheduled to work or who were on vacation or Family Medical Leave. 2. Verification of the new medication administration system by the facility which included discontinuation of the Electronic Medication Administration Record (EMAR) and implementation of paper Medication Administration Records. Verification included review reconciling new physician's orders and the correct reconciliation to the new paper MARs. Verification through interview with the Director of Nursing and Medical Director, and review of facility documentation all current resident's medication orders were accurately transcribed to paper MARs. 4. Verification through interview with the Administrator, and review of facility documentation the facility's identification of eight

transcription errors during the facility's audit of all current resident's medication orders. Verification through interview with the Medical Director of immediate intervention to assess resident's status after identification of the error, and provide

5. Review of a random sample of active resident charts to verify the accurate transcription of new physician's orders to the paper MARs. Review of

clarification orders where needed.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					D: 10/15/2014
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			L .		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445404	B. WING				N/On Inna 4
NAME OF	PROVIDER OR SUPPLIER		<del>' -                                   </del>	STE	REET ADDRESS, CITY, STATE, ZIP CODE	1 11	0/02/2014
BLOTIN	T MEMORIAL TRANS	CARECTR			20 EAST LAMAR ALEXANDER PKWY		
	T WEINORIAL TRANS	CARE CIR	1		RYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	· .	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPRO	D BE	(X5) COMPLETION DATE
F 281	Continued From page	TO 64					
			F 2	81			
	completeness and a	active resident charts for the accuracy of 24 hour chart	•				
	checks.						
	6. Verification thro	ugh observation in both					
	nursing stations never transcribed by Regis	v orders were being					
	7. Verification thro	ugh interviews with nine					
	Registered Nurses,	seven Licensed Practical					i
	Nurses, and three M	Vard Clerks/Certified Nursing					
	<ul> <li>Assistants to determ</li> </ul>	line the comprehension					:
	gained through in-se	rvices conducted by the					
:	Director of Nursing r	egarding the changes and					
	implementation of th	e facility's new transcription					
	and verification proc	edures.					ļ <b>ļ</b>
	9. Verification through	interview with the					
	Officer Pick Manage	al Director, Chief Nursing					
	Nuceing and Directo	ement Team, Director of ir of the Pharmacy Vendor of		:			
	their participation in	risk management meeting to					
	address the system	changes with medication		÷			
:	administration.	on angeo man medication					
İ	10. Verification throu	gh observation and interview					i
	with ward clerks and	registered nurses the facility		i			ľ
	discontinued the pro-	cess of entering physician					
	orders electronically	by the ward clerks.					
	11. Verification through	gh observation faxed					
	medication orders we	ere reconciled in real time.					
	Non-compliance con	linues at an "F" level for					
	monitoring the effecti	veness of corrective actions				1	
	and evaluation of mo	nitoring by the Quality					
	Assurance Committe	e. The facility is required to					!
	submit a plan of corre	ection.		i		:	
ì	olo #346Ba					İ	
	c/o #34603 493 35 DBOVIDE CA	DEIOCDI PORO	_				
\$\$=L	483.25 PROVIDE CA HIGHEST WELL BEI	IKE/SERVICES FOR NG	F 309	i PF	309 ROVIDE CARE/SERVICES FOR HIGHES ISLL BEING	т !	10/31/2014

F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

		& MEDICAID SERVICES				OMB NO	D. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		445404	B. WING				Vaaranaa
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				2	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		
(X4) tD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBF	(X5) COMPLETION DATE
	Each resident must provide the necessary or maintain the high mental, and psychological accordance with the and plan of care.  This REQUIREMEN by: Based on facility polyreview, review of facility failures of inaccurate failed to verify physicand failed to identify transcription on 24 hourses to ensure me followed, resulting in facility's failure placed #457, #188, #453, #4 #111, #398, #105, #1 twenty-four residents errors in Immediate Jathe facility's noncomprequirements of particles to cause, serious or death). The facility any resident who receimmediate jeopardy.  The Administrator, Medical Officer/In Hodel	receive and the facility must lary care and services to attain est practicable physical, social well-being, in comprehensive assessment  T is not met as evidenced licy review, medical record lility investigations, and failed to prevent systemic medication transcription; ian orders for medication; inaccurate medication our chart checks by licensed dication orders were medication errors. The disixteen residents (#262, 152, #454, #455, #456, #279, 197, #23, #411, #238) of reviewed for medication in which diance with one or more cipation has caused, or is injury, harm, Impairment is failure was likely to place eived medications at risk for edical Director, Chief Director of Nursing were diate Jeopardy on	F3	!	What corrective action(s) will be accompliated those residents found to have been affect deficient practice;  The medication errors of residents #262, if #188, #453, #452, #454, #455, #456, #27 #398, #105, #197, #23, #411, #238 have to additionally reviewed by the Transitional Conter (TCC) (facility) Medical Director an Nursing Leadership Team on October 21, This team (created on October 7, 2014) ms:00am Monday through Friday and is attented to TCC Administrator, Director of Nursing Patient Care Coordinators (PCCs), Clinical Educator (CE), and Medical Director at he discretion or as requested. During this medication errors and ensuring appropriate notification has been completed is discussentially expensed to the Chief Nofficer (CMO), Chief Nursing Officer (CNO) Medical Director have attended daily to ensuring Leadership Meeting is accomplish function.  None of these residents suffered a prolong permanent condition from the noted medicator. Each resident was discharged as included to the second stilled nursing facility from which she later discharged from the hospital to a seconskilled nursing facility from which she later discharged to home in good condition.  #457 to home on March 31, 2014  #453 to home with Home Health on March 2014  #454 to home with Home Health on April 12  #455 to home with Home Health on April 12	#457, 9, #111, been 2014. eets at ended by (DON), If reting, a including e ed (see ledical )), and sure the ing its ed or ation dicated  5, 2014. nd	

STATEMEN	T OF DEFICIENCIES	I	7			OMR MC	<u>), 0938-0391</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		TE SURVEY
		445404	B. WING	; 		1 40	10010044
NAME OF	PROVIDER OR SUPPLIER		<del>'</del>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/02/2014
BLOUN	T MEMORIAL TRANS			2	2320 EAST LAMAR ALEXANDER PKWY WARYVILLE, TN 37804		
(X.I) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F <b>30</b> 9	Continued From pa	ge 66	, F:	309	#279 to home with Home Health on May	8, 2014	<u>:</u>
	The Immediate Jeo 12, 2014 through O	pardy was effective February	i		#111 to home with Home Health on Aug	ıst 10,	
	An extended survey	was conducted on	:		#398 to home with Home Health on Aug	ıst 7, 2014	
	September 30, to O	clober 2, 2014.	:		#105 to home with Home Health on Augu 2014	st 14,	
	Substandard Quality	y of Care was cited at F309-L.			#197 to home with Home Health on Augu	rst 8, 2014	
	Compliance to the s	d an Acceptable Allegation of urvey team on October 2,			#23 to home with Home Health on Septe 2014	mber 4,	
	by the facility remove	eam verified the actions taken ed the jeopardy on October 2,			#411 to home on August 29, 2014		
	2014. Noncompilan	ce continues at the "F" level.			#238 to home on September 30, 2014		1
	The findings include Review of facility pol	icy Medication			The Medical Director determined for resic #188, after her additional review of the m record, the medication dispensing system and pharmacy records, that the resident of	edical reports, lid not	
	revealed "Procedu administered in acco	eral Guidelines, no date, res: 2) Medications are ordance with written orders of			receive Coumadin as documented by the The nurse entry was inaccurate. This staf no longer works at TCC (facility).	f member	
	condition, or a medic	ng the resident's age and cation order seems to be dent's current diagnoses or			In complete review of chart, there was NC Coumadin 2 mg to be given to the resider However, an electronic request was sent pharmacy for Coumadin 2 mg. Pharmacy the order due to admission order clarificat "hold Coumadin". They notified TCC (faci	t. o rejected ion for	
	clarification prior to to medication. This inte	he administration of the raction with the physician is ursing notes and elsewhere			rejection of order. The pharmacy (which g Cournadin orders per protocol) did not ger Cournadin order for this resident. There w Cournadin withdrawn from medication disp system profile assigned to this resident.	enerates herate a as no pensing	
i	dated June, 2012, re medication cards for information, accuracy	y in the transcription of		:	Resident #188 was discharged home to A Living with Hospice to follow on April 11, 2 How you will identify other residents havin potential to be affected by the same deficipractice and what corrective action will be	014. g the ent	
	policies" Review of Night Shift	RN (Registered Nurse)					

PRINTED: 10/15/2014 FORM APPROVED OMB NO. 0938-0391

CEMIE	RS FOR MEDICARE	& MEDICAID SERVICES				MB N	D. 0938-0391
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		445404	B. WING			] ,	0/02/2014
NAME OF	PROVIDER OR SUPPLIER			ş	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11	0/02/2014
BLOUN	T MEMORIAL TRANS	CARE CTR			320 EAST LAMAR ALEXANDER PKWY		
	- WEMORIAL HOARD			_	ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	medications ordered MAR (Medication Ad Resident #262 was 23, 2014, with diagn Renal Failure, Reha Muscle Weakness.  Medical record reviet (MAR - record for do administration) for July 2014, at 2100, the residual market medical record for July 2014, at 2100, the residual market medical record for July 2014, at 2100, the residual market market medical record for July 2014, at 2100, the residual market marke	our chart checks). If any new d, verify they were on the diministration Record)"  admitted to the facility on July loses of Pneumonia, Acute bilitation, Atrial Flutter, and low of a Medication Record locumenting medication July 2014, revealed on July 24, esident was given Seroquel edication) 200 mg, Sertratine medication) 25 mg, an anti-cholesterol	F3	***** ***** ***** ********************	All residents in the TCC (facility) were considered to have the potential to be affected. The Elect Medication Administration Record (E-MAR), Electronic Treatment Administration Record (E-TAR), and Electronic Physician Order Ent (E-POE) system were abandoned immediate September 30, 2014, returning to a hand-write paper-based MAR, TAR, and physician order system, effective October 1, 2014. On Septer 30, 2014 through October 1, 2014, charts and MARs of 100% of the current residents (68) were reviewed during our conversion from E-MAR paper MAR. In the process, the records were analyzed for any medication errors by the Medirector who was on site through the entire conversion process.  Our initial review identified 7 residents (8 error who we thought were affected. However, on the review, one resident (MR# 425745) had previbeen notified of the error and another (one of on MR# 448221) was found not to be an error following residents were affected:	ry ly on liten, r ember d vere to dical	
;	antipsychotic medica	ation).			Resident MR# 475365: Omission of medication September 14, 2014	on on	
	#262 for July 23 thro no orders for Seroqu	ian's orders for resident ugh July 25, 2014, revealed el 200 mg, Sertraline 25 mg, r Resperidone 0.5 mg.		,	Resident MR# 483234: Transcription error on September 18, 2014 Resident MR# 689434: Transcription error on		
	July 25, 2014, reveal found med [medication other orders on another meds that were not hard for a series of the meds that were not hard for a series	w of a nurse's note dated ed "05:30 unit secretary on] error aswas putting in her pt [patient]. Pt. had 3 er orders, VS [vital signs]			September 25, 2014  Resident MR# 791005: Transcription error on September 23, 2014  Resident: MR# 524029: Transcription error on September 5, 2014	ı	
	B/P [blood pressure, 120/80 ]88/53Pt v [Physician] notified, o Medical record review	normal blood pressure is ery sleepy hard to arouse		. j	Resident MR# 448221: Transcription error on September 15, 2014 Starting September 30, 2014, additional Regis Nurses (RNs), employed by Parent Hospital (E Memorial) were assigned to the TCC (facility) (complete the following tasks:	Blount	
;   1	and intravenous acce normal saline at 60 m	ss to administer fluids of li/hr (milliliters per hour), as ian, to treat hypotension		r	Transcribe all physician orders for every curresident to a hand-written MAR and/or TAR on September 30, 2014 for use on October 1, 201	۱ ا	

(low blood pressure).

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2014

CENTERS FOR MEDICAR STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	r —	. 0938-0391 TE SURVEY
			G		MPLETED
*		B. WING		10.	/02/2014
NAME OF PROVIDER OR SUPPLIES			STREET ADDRESS, CITY, STATE, ZIP CODE	1 101	10212014
BLOUNT MEMORIAL TRANS	CARECTO		2320 EAST LAMAR ALEXANDER PKWY		
		I	MARYVILLE, TN 37804		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROIDERIC	O BE	(X5) COMPLETION DATE
F 309 Continued From p	iew of the nurses note dated	F 309	Verify (2 RNs) accuracy of all physician every current resident to a hand-written N and/or TAR after transcription completed October 1, 2014.	IAR	:
July 25, 2014, at 2 to [family members night. Pt family sp nurse [Clinical Edu Nurse], voiced con	:45 p.m. revealed, "reported   s] medications given to pt last oke with [NP] and CE/QA   cator/Quality Assurance   cerns regarding medications.   ent] be sent to ER [Emergency	:	<ul> <li>Provide every 12 hour chart checks to in review of all MARs, TARs, and new physicorders effective October 1, 2014. This proongoing.</li> <li>Administer all medications under the pur two licensed nurses (RN or Licensed Prac Nurse (LPN)) effective October 1, 2014. To</li> </ul>	cian cess is view of tical	
note dated July 25, revealed "Called with [family member] re [Family member] roomvoices conce movements and eff Risperdal on these awake - [family] state Counseled them on	iew of a Physician's progress 2014, at 1:50 p.m., by NP #1, to room by [RN] to discuss a some follow up concerns. Equests discussion out of ern Re: [regarding] jerking ects of Seroquel & [and] movementsIn room patient ting not like [normal].		Initial education in this process was completed the CNO on September 30, 2014 during a face educational session with all RNs and present that shift. For the subsequent shift DON reviewed the Allegation of Compliant reviewed the process for transcribing and MARs and TARs with each shift's RNs and (see exhibit 16).  The TCC (facility) Medical Director was on September 30, 2014 through October 1, 20	face to LPNs s, the se and verifying LPNs site on	
Seroquel & Risperd include tx [treatmer use of IVF [intraven management/correct Discussed option of aggressive evaluation activity] to include procure procure of the procu	al, todays lab results to at for elevated potassium and ous fluids) for ction of hypotension. In hospitalization for more on of myoclonus [seizure ossibility of further imaging & luation]somnolence ss] significantly improved cerbated [made worse]"		during the above referenced transcription a verification process to provide clarity to any uncertain physician order or questionable medication or treatment.  The "Medication Administration" policy (see 17) was a new policy that was created on 022, 2014 by the Associate Nurse Executive parent hospital with approval by the Interim CNO, and Medical Director. This policy desthe transcription and verification process ar implemented October 25, 2014. Educations in-service on this policy was conducted by	exhibit October of the DON, cribes ad was	
Summary dated July discharged to hospil overdose"	ew of a facility Discharge y 25, 2014, revealed " Pt tal, dx [diagnosis]: accidental y investigation initiated July		DON, Interim CE, and PCCs from October 2014 through October 25, 2014, and includ RNs, CNAs, LPNs, and WCs. Two staff me were on vacation during this in-service and completed their education to this policy by 027, 2014. New or contract staff will receive education to this policy (see exhibit 17) as put their new employee orientation packet. This	ed ali embers October part of	

24, 2014, revealed resident #262 was given

Seroquel 200 mg, Sertraline 25 mg, Pravastatin

educational material will be updated as policy

changes occur by the CE.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 10/15/2014 FORM APPROVED

		A MEDICAID SERVICES				)MB NO	0. 0938-039°
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		445404	B. WING	;		10	10212044
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE TID		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/02/2014
Bronn.	T MEMORIAL TRANS	CARE CTR			2320 EAST LAMAR ALEXANDER PKWY		
				ľ	MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	3 RE	(X5) COMPLETION DATE
	40 mg, and Risperd review of the facility "Pharmacist conta from one new admis had already been the clerk] was still in a minto [resident #262] the new admission put in [resident #262] Interview with RN #5 8:45 a.m., by telephotranscribed a new acceptable of the period of the province of the resident #197 into rep.m., on July 24, 201 during the 24 hour of and the Physician was error. Orders were reand take vital signs of the resident became arousable later in the was slightly low at 10 the morning shift chan hurse (LPN) #7 and Coordinator) #8. RN investigation report.  Interview with charge 2014, at 8:55 a.m., in revealed RN #7 asse #7 and PCC #8 on the received report from medication error the province of	al 0.5 mg one time. Further investigation revealed cted for additionalorders sion were put on a pt. that ere x 2 daysWC [ward ew admission profile & went profile did not switch back to profile, new admission meds its] profile"  If on September 23, 2014, at one, revealed the ward clerk dmission's Seroquel, in, and Risperdal ithe computer screen of sident 262's MAR at 9:44  4. The order was discovered neck by RN #5 at 4:00 a.m., as notified of the medication exerved to watch the resident every 2 hours. RN #5 stated more somnolent and not morning, the blood pressure morning, the blood pressure morning, the blood pressure in mge to Licensed Practical also to PCC (Patient Care #5 completed a facility  RN #7 on September 23, the conference room, seed the resident with LPN emorning of July 25, 2014	F3	309	The CE will plea be recognitive for the	licy  nat that the  vised ARs and oolicy his policy his policy to this ct staff hibit 17) acket. s policy be ls, ey  y) now every Rs are use for ment his of hat the hysician  ery ARs,	
 	the resident did not op ater to start an IV (int	pen eyes. RN #7 went in ravenous access for fluid histration) with LPN #7.		2000000 AGA	If the Quality Management Department finds deficiencies during their audits, they commutates to the DON.		***************************************

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

		A INFOIGUIG OF LANCES				OMB MC	). 0938-0391
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		445404	B. WING	;		10	/02/2014
NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	OLILOTA
BLOUNT	MEMORIAL TRANS	CARE CTR		1	320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETION DATE
	centimeters)/hr. (pe #1 to treat the resid Interview with LPN in 9:31 a.m., by teleph 200 mg, Sertraline 2 and Risperdal 0.5 m #8 in error to the resident 9:00 p.m.  Interview with PCC on September 23, 2 conference room, resident's condition around 7:00 had notified NP #1 v 7:45 a.m. The PCC LPN #7 and charge to be unarousable.  Interview with charge to be unarousable.  Interview with charge 2014, at 10:56 a.m., revealed the RN #7 shift change on the resident's confused, called NP chest x-ray, an ECG start IV fluids of Normhour to treat hypoter Resident #457 was a March 14, 2014, with Venous Embolism ar Extremity, and Fractimed Medical record review Me	right forearm, and al saline at 60 cc (cubic or hour) per the order from NP ent's hypotension.  #8 on September 23, 2014, at one, confirmed the Seroquel 25 mg, Pravastatin 40 mg, ng were administered by LPN sident on July 24, 2014, at (patient care coordinator) #8 014, at 9:50 a.m., in the evealed RN #7 had spoken medication error and overall 20 a.m., on July 25, 2014, and when the NP arrived at around assessed the resident with RN #2 and found the resident at morning of July 25, 2014, mental status to be more #1, received orders for a (electrocardiogram) and to mal Saline 1 liter at 60cc/ nsion.  Edmitted to the facility on a diagnoses including Acute and Thrombosis of Lower ured Hip.	F	309	Deviations from these practices as of Octo 2014 will result in employee re-education a disciplinary action by the DON.  Beginning October 17, 2014, the WCs beg every new physician order to the pharmacy. How the corrective action(s) will be monito ensure the deficient practice will not recur; what quality assurance program will be put place.  The TCC Medication Error/Risk Tearn begg October 6, 2014 to evaluate compliance will process defined in the policy "Medication Administration" (see exhibit 17) each time a medication error occurs, in addition to review medication error rates in the weekly meeting tearn meets every Monday at 1:30pm and if the TCC Medical Director, TCC Administration Hospital CMO, Hospital CNO, Consultant Pharmacist, Hospital Associate Nurse Exect TCC DON, TCC PCC, TCC CE, Hospital R Manager, and Hospital Quality Management Director. In addition to other responsibilities exhibit 13), the Medication Error Team/Risk reviews all medication occurrence reports, exhibit 6), negative trends identified from the database analysis of these reports, and the Hospital Quality Management verification, ocheck, and medication transcription audit (sexhibit 22) results weekly. The team will als discuss any Safety Hotline calls made concendication errors or medication administral processes at TCC. This Hotline is used to reconditions affecting clinical resident safety of quality of care issues including medication concerns. Calls may be test anonymously of may leave contact information. The Hospita Hotline phone number is posted in staff wor Beginning October 27, 2014, a systematic paudit frequency will be followed (see exhibit During the consultant pharmacist's weekly vertically addited the least 10 residents for accuracy and completeness of profile.	and/or  an faxing y.  red to i.e., i.into  an on th the a awing ig. This includes tor, cutive, isk int a (see k Team see ie quality chart see ie quality chart see ior rer callers il Safety k areas.  blan for 21).	
: 1	wearation List 08(6(	March 14, 2014, revealed					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	(Y1) PROVIDEDICATION IS IN				(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI		LE CONSTRUCTION			
		445404	B. WING			10/02/2014		
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	<u>. 10</u>	102/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	8F	(X5) COMPLETION DATE	
	clots]0.4 ml [millill hours"  Medical record revie Recapitulation Orderevealed "Enoxap [solution] give 0.4 m for blood clotting complete Medical record revied dated March 14, 20 revealed the days for medication was indicated the resident diding subcutaneous or 2014.  Medical record revied dated March 18, 201 [ultrasound] RLE [rig [diagnosis] warmth, warm, swollen RLE  Medical record revied dated March 19, 201 Venous RightClinic WarmthFindings thrombus [blood clot posterior tibial and posignificant nonocclus	edication to prevent blood lers], subcutaneous, every 24 lew of the Physician's ers dated March 14, 2014, arin40 mg/0.4 ml sol alsubcutaneous once a day introl"  ew of the Medication Record 14, through March 20, 2014, or administration of the cated as every other day and not receive Enoxaparin 40 in March 15 and March 17, lew of a Physician's Order 14, revealed "Vascular US ight lower extremity] Dx: edema [swelling] Dx: chills,"  w of a Diagnostic Report 4, revealed "ExamLower	F 3	309	This number was determined based on an a admission volume of about 20 residents per The residents audited are chosen with representatives from all units and efforts are to perform the audits within 7 days of admis The consultant pharmacist will perform this over the next three months. The consultant pharmacist will report audit findings to nursi administration and the Director of Pharmacy consultant pharmacist, in consultation with the ongoing audit frequency and duration affinitial three (3) month period. The medication transcription audit (see exhibit 22) will include review for order omissions, dose omissions, duplicate medication orders, transcription en and allergies on MAR. The consultant pharm will report any irregularities to nursing administration and attending physician.	made sion. audit mg . The he TCC remine ter the near the audit mg . The he TCC remine ter the near the audit mg . The he audit mg . The mg		
	Note dated March 19 RLE doppler show no knee [within] right pe	w of a Physician's Progress 1, 2014, revealed "results procclusive thrombus below roneal [and] post tibial veins. [redness]/edema x [times] 2						

### PRINTED: 10/15/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY **BLOUNT MEMORIAL TRANS CARE CTR** MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 309 Continued From page 72 F 309 days..." Medical record review of a Physician's Order dated March 19, 2014, revealed "...lovenox [Enoxaparin] 1 mg/kg [kilogram] SQ [subcutaneous] every 12 hours clarified with pharmacy to give lovenox 100 mg sq q 12 hours [every 12 hours]...give additional 60 mg lovenox to equal to 100 mg lovenox today..." Review of the facility investigation dated March 20, 2014, revealed "...Error when entering order. clicked frequency options and entered every 2 days...suggest to prevent similar occurrences? Read order thoroughly recheck after entered for accuracy..." Review of the facility investigation dated March 21, 2014, revealed "...Event Date: 3/14/2014...Order entry error off admission orders from [named hospital]. WC [ward clerk] changed the frequency of the med [medication] dosing which should not have been adjusted. Nurse did not notice the change in time

[Lovenox]..."

frequencies...Medication involved: Enoxaparin

Medical record review of the physician's order dated March 21, 2014, revealed "...Continue Lovenox 100 mg SQ Q 12 h (hour)...for new onset DVT [Deep Vein Thrombosis]..."

Interview on September 29, 2014, at 8:30 a.m., with the CE/QA Nurse in the conference room, confirmed the Lovenox order was transcribed incorrectly, entered as every other day, and the facility failed to administer the medication as ordered to Resident #457 on March 15 and 17, 2014. Continued interview confirmed the ward

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(92) 140				NO. 0938-0391		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		DING	NSTRUCTION	(X3)	DATE SURVEY COMPLETED		
<u> </u>		445404	B. WING	;		10/02/2			
	PROVIDER OR SUPPLIER			2320 E	TADDRESS, CITY, STATE, ZIP CODE AST LAMAR ALEXANDER PKWY VILLE, TN 37804	<u>, , , , , , , , , , , , , , , , , , , </u>	10/02/2014		
(X4) ID PREFIX TAG	: (EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPY DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
	Interview with RN ## 9:10 a.m., in the cor responsible for verif failed to verify the or interview confirmed admissions and may interruptedresiden around 4:00 p.m., an between 5:00 p.m. a interview confirmed chart check on Marc identify the error.  Interview with NP #1 11:00 a.m., in the co would be possible th to the development of Resident #188 was a March 22, 2014, with Rehabilitation, Disloc Hemorrhage, Subdu Fibrillation.  Medical record review dated March 22, 201 Coumadin (a medical time] for one month, neurosurgery" Fur Clerk #4 completed to	der incorrectly with the other day.  5 on September 29, 2014, at afference room, confirmed was ying the order of Lovenox and roer for accuracy. Continued "probably had a lot of y have been at was admitted sometime and 7:00 p.m" Continued signed the twenty-four hour ch 15, 2014, and did not on September 29, 2014, at afference room, confirmed it is missed doses contributed of the DVT.  admitted to the facility on a diagnoses including cated Shoulder, Intracranial rat Hematoma, and Atrial wo of the admission orders, 4, revealed "hold alion to prolong blood clotting cated of the plotting blood clotting cated or the plotting cated Shoulder, Intracranial rat Hematoma, and Atrial wo of the admission orders, 4, revealed "hold alion to prolong blood clotting cated Shoulder in the plotting plotting the prolong blood clotting cated Shoulder in the plotting the pl		309					
	off as reviewing the of 12:27 a.m. Medical record reviev	orders on March 23, 2014, at worders of the 24-Hour Chart signature of RN #4 on March		: : : : : : : : : : : : : : : : : : : :			• • • • • • • • • • • • • • • • • • • •		

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) D	(X3) DATE SURVEY COMPLETED		
		445404	B. WING				0102/2044	
	PROVIDER OR SUPPLIER MEMORIAL TRANS	CARE CTR	<b>.l.</b> .	2320	EET ADDRESS, CITY, STATE, ZIP CODE 0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804	!!	0/02/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 309	25, 2014, revealed	<del>-</del>	F	309	**************************************			
		pm for Blood Clotting Control.	:					
	Medical record revie for resident #188 re on March 25, 2014.	ew of the Physician's Orders vealed no order for Coumadin		A SPORTS OF SPORTS				
:	25, 2014, at 6:00 p.r	ew of the MAR dated March m., revealed LPN #2 madin 2 mg tablet to resident		400 mm				
	Medical record revie dated March 26, 20 Coumadin order."	ew of the Physician's Orders 14, revealed "dc [discontinue]						
	27, 2014, revealed " chart. Pt only had C but has been here s status says it was or	vinvestigation dated Marchno Coumadin order in coumadin order for 3/25-3/26 ince 3/22. RX [Pharmacy] dered and canceled on 3/25 " Continued review revealed 25, 2014.						
!	2014, revealed "or patient. Order was or	r investigation dated April 1, der entered in on wrong discontinued but did not why it did not go away. LPN ong patient"						
	Record review of the addendum, dated Ma "placed order in co pharmacy calledca	arch 26, 2014, revealed mputer under wrong pt. so						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

STATEMEN	NT OF DEFICIENCIES	THE POLICE OF LIVING	<del></del>			OMB NO. 0938-039		
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) U	ATE SURVEY OMPLETED	
		445404	B. WING					
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	0/02/2014	
BLOUN'	T MEMORIAL TRANS	CARE CTP	f		20 EAST LAMAR ALEXANDER PKWY			
		—			RYVILLE, TN 37804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROFICIENCY)	HORE	(X5) COMPLETION DATE	
F 309	Continued From pa	ge 76	F 30	09			<u> </u>	
	Assurance Nurse of 10:55 a.m., in the corresponsibilities incluinvestigation of the f	acility investigation. Further "the whole thing was done		:				
	conference room, conference room, conference room, conference room, conference room, conference room, computerized medical computerized medical room, conference room, conferenc	infirmed administering the et on March 25, 2014. Ifirmed overriding the Pyxis lation dispensary] to obtain nued interview confirmed."	İ					
; ; ; ; ; ; ;	notice of medication of the cornection of the conference of the conference of the EMARS [Electron of the EMARS]	on September 29, 2014, at afference room, confirmed error on March 26, 2014. firmed "I don't review all of ic Medication Administration ver get donethat is a"						
i i i i	2014, at 5:30 p.m., by Coumadin investigation interviews with Ward face on corpaper orders" Further terviews and re-educated on content of the country interviews and re-educated in	nparing the computer and er interview confirmed the cation were not by document if they are in						
ilr S	nterview with Pharma September 30, 2014, a	cy Consultant #1 on				B. C. C.		

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 10/15/2014 MAPPROVED	
I 2141 EWEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	OMB NO	D. 0938-0391 ATE SURVEY EMPLETED	
-		445404	B. WING					
BLOUNT	PROVIDER OR SUPPLIER			23;	REET ADDRESS, CITY, STATE, ZIP CODE 20 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804	<u>  10/02/2014</u>		
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	IO PREFI, TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE	(X5) COMPLETION DATE	
	"the INR (Internati results [lab test for p we had not received caught itwould hav ityesand I consid error"	onfirmed the pharmacy If the Coumadin dose due to onal Normalized Ratio) ratients taking Coumadin]if the INR, we would not have re continued to receive er it a significant med	F3	09				
a . : !	a.25 p.m., by telephon admission orders on computer entry by Winterview confirmed for Chart Check at 12:29 and at 12:20 a.m., or	on September 30, 2014, at ine, confirmed signing off the March 22, 2014, after ard Clerk #4. Further RN #4 signed the 24 Hour a.m., on March 23, 2014, March 26, 2014. Furtherkind of remember it" and no re-education on		··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··				
1 	-ebruary 10, 2014, w Rehabilitation, Afterca	dmitted to the facility on ith diagnoses including are for Healing Traumatic le Weakness, and Spinal						
Q [i	lated February 12, 20	of a physician's order 114, revealed, "Kcl nilliequivalant] po (by						
th or os re	rough March 10, 201 rder was transcribedPotassium Chloride 900 [9:00 a.m.] for ab eview of the MAR rev	dated February 10, 2014, 4, revealed the physician's						

DEPARTMENT OF HEAL CENTERS FOR MEDICA	TH AND HUMAN SERVICES RE & MEDICAID SERVICES			PRINTED: 10/15/201 FORM APPROVE	4 D	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	ΕY	
	445404	B. WING				
NAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP CODE	10/02/2014	_	
BLOUNT MEMORIAL TRAN		l	2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804			
HARRIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD RE CONGLETION		
F 309 Continued From p 9:00 a.m. for a to		F 309	,		-	
signed off correctle errorOrder entry Continued review information and pass a 1x order them Further review of the and signed on Malarevealed, "Nursing Comments/Actions Occurrence in Futhoff were done in error chart checkBreath Review of facility in March 19, 2014, recomputer as ordered before caught. Daild evening-night shift off correctly. Discomputer dinto computer confirmation  Review of facility in by the CE/QA Nursing-night shift off correctly. Carel confirmation  Review of facility in by the CE/QA Nursing-night shift occurrence?Carel revealed, "What confirmation in the con	s and Suggestions to Prevent ure: The taking off and signing for and I can't find a 24 hour kdown in process"  Investigation with date received evealed, "Was ordered as a in but was not entered into ed. Pt received 22 daily doses y chart check was not done on that night. Order not signed intinue date and time was not ter to stop orderIncorrect intranscription error"  Investigation dated and signed the on March 19, 2014, wauses this lessness" Continued review to you suggest to prevent the verride a med consistently the order-hopefully before the				111 111 111 111 111	
January 24, 2014, w	admitted to the facility on ith diagnoses including			:		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDED SERVICES	<del>" </del> -		OMB NO. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445404	B. WING		
	PROVIDER OR SUPPLIER MEMORIAL TRANS		23:	REET ADDRESS, CITY, STATE, ZIP CO 20 EAST LAMAR ALEXANDER PKY ARYVILLE, TN 37804	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOURD BE COMPLETION
F 309	Continued From pa	ge 78	F 309		, , , , , , , , , , , , , , , , , , ,
	Intervertebral Disc [	Disorders, Thoracic Region, on, Osteoarthrosis, Diabetes,	1 303		:
	"Hydrocodone [na	rcotic pain reliever] 5/325 mg			;
	January 27, 2014, re	w of a prescription dated evealed "Oxycodone/APAP er] 5/3251 tab [tablet] po Q .1 tab po Q 8 [hours]			
: 1	ualeo January 31, 20	w of a Physician's Order 114, revealed "Discontinue and] continue Oxycodone			:
1 ti	24, 2014, through Jar 1/27/14 Hydrocodo aboral every 8 hou eview revealed the re lydrocodone schedu	is for pain. "Continued			
 6 th	4, 2014, through Jan Hydrocodone325 hours prn for pain'	of the MAR dated January nuary 31, 2014, revealed mg-5 mg 1 taboral every Continued review revealed the medication prn on 014.	may and man		
24	4, 2014, through Jan	of the MAR dated January uary 31, 2014, revealed ne) 325 mg-5 mgoral			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 79 F 309 every 6 hours prn for pain..." Continued review revealed the resident received the Percocel on January 24, 2014, through January 28, 2014, and on January 30, 2014. Review of the facility investigation dated February 4, 2014, revealed "... Event Date: 1/27/2014...Wrong Medication...MD [Medical Doctor #2] wrote order in chart for Hydrocodone 5/325 mg Q 8 hr and Q 6 hr-prn. [Medical Doctor #2] wrote a prescription for Oxycodone 5/325 mg Q 8 hr and Q 6 hr-prn for the same patient on the same date. Prescription was not signed off and inot noted if it had been faxed to pharmacy. Pt. received both medications. Script omission not caught on 24 hour chart check and not by the RN in charge. However, while researching this error, I discovered this MD likes to fax the script to pharmacy and then put the script in the WC basket at the desk. This is not how the process is meant to flow. All scripts are to be placed in the chart for the order to be faxed and secured to the physician order form to be processed and signed off by staff..." Interview with the CE/QA Nurse on September 25, 2014, at 10:30 a.m., in the conference room, confirmed the resident received both the Oxycodone and Hydrocodone on January 27, 28, and 30th. Continued interview confirmed the nurse should have clarified the order, it was discovered on January 31, 2014, by chart check

Hydrocodone on this date.

because the NP wrote an order to discontinue the

Interview with the resident's physician on September 29, 2014, by telephone, at 3:50 p.m., confirmed did not intend for the resident to have

both Oxycodone and Hydrocodone.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T	<del></del>	OMB NO. 0938-039	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:	A. BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
<del></del>		445404	B. WING	3		40.00
BLOUN	PROVIDER OR SUPPLIER	CARE CTR		232	REET ADDRESS, CITY, STATE, ZIP CO 0 EAST LAMAR ALEXANDER PK RYVILLE, TN 37804	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD RE COMPLETION
F 309	Continued From pa	age 80	F	309		
	February 6, 2014, v	admitted to the facility on with diagnoses including coporosis, Backache, Difficulty ia.				
	dated February 27	ew of a physician's order 2014, revealed a medication antibiotic] 300 mg PO q 12				
;	medication was entered was later) i (5 days later). Conti	ew of the Medication ord dated February 6, 2014, 114, revealed the order for the ered to start on February 27, with a stop date for March 6, instead of for March 4, 2014, inued review revealed the extra doses of the antibiotic.				
	errorOrder not sign check errorOrder of Continued review re- information and patie	ned off correctlyDaily chart entry-transcription error"				
	entered into compute	estigation with date received ealed, "No stop date er and patient got 5 extra [equals] 5 dosesChart et order iption error"				
, I	by the CE/QA Nurse i evealed, "What car	estigation signed and dated on March 17, 2014, uses this occurrence? do you suggest to prevent				

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 81 F 309 similar occurrences? Be careful..." Interview with Ward Clerk #6 on September 29, 2014, at 2:24 p.m., in the conference room. confirmed the medication order for the antibiotic was transcribed incorrectly for 7 days instead of 5 days. Continued interview revealed the Ward Clerk had not been made aware of the transcription error prior to the interview. Interview with RN #1 on September 29, 2014, at 3:50 p.m., by phone, confirmed had completed the 24 hour chart check of the resident's medications. Continued interview confirmed the RN did not identify the transcription error during the 24 hour chart check. Further interview revealed the RN was not made aware by nursing administration of the nurse's failure to identify the error prior to the interview. Resident #455 was admitted to the facility on February 24, 2014, with admitting diagnoses of Urinary Tract Infection, Pressure Ulcer lower Back, Osteoporosis, and Osteoarthritis. Medical record review of a physician's order dated March 3, 2014, revealed an order for Prilosec [an antacid] 20 mg qd [daily]. The Physician reordered the Prilosec 20 mg qd on March 8, 2014. Review of the resident's MAR for March, 2014, revealed Prilosec 20 mg was not administered from March 3 through March 8, 2014.

Medical record review of a facility investigation dated March 13, 2014, revealed the order for Prilosec 20 mg qd was overlooked by LPN #9 and by RN #1 on the twenty-four hour chart

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) F 309 | Continued From page 82 F 309 check. The cause for the error was listed as failure to read complete order sheet for orders with an intervention to prevent future occurences of "...make sure to check for all dates..." and "...check dates on orders..." Interview with RN #1 on September 25, 2014 at 3:45 p.m., by telephone, confirmed the order had been missed on the twenty-four hour check. Interview with LPN #9 on September 25, 2014, at 4:30 p.m., in the conference room, confirmed the order for Prilosec 20 mg every day had been missed. Interview with the CE/QA Nurse on September 29, 2014, at 3:45 p.m., in the conference room, revealed "... initiated the medication error report..." and confirmed the medication error.

Medical record review of a physician's order dated March 20, 2014, revealed a physician's order "...Change Amitriptyline [antidepressant medication] 10 mg po qhs [at bedtime] x 5 days

Resident #456 was admitted to the facility on February 25, 2014, with diagnoses including Rehabilitation, Intracranial Hemorrhage following

Injury, and Muscle Weakness.

then d/c..."

Medical record review of the Medication
Administration Record dated February 25, 2014,
through March 25, 2014, revealed "...3/20/14
Amitriptyline Hydrochloride 10 mg tab...oral every
night at bedtime...stop date 3/21/14..." Continued
review of the Medication Administration Record
revealed the resident received the medication on
March 20, 2014, and did not receive another dose

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 445404 **B. WING** NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 | Continued From page 83 F 309 of the medication until March 22, 2014, when the medication error was discovered resulting in the resident missing one dose of the scheduled medication. Review of facility investigation signed and dated March 22, 2014, revealed, "...Receive orders error: Order put in wrong..." Continued review of facility investigation revealed, "... Nursing Supervisor Comments/Actions to prevent Occurrence in Future: Will re-educate on order take off with stop dates included..." Review of facility investigation with date received April 1, 2014, revealed, "...chart check error...delay in processing order(s)...error in documentation...incorrect order confirmation...transcription error..." Review of facility investigation signed and dated by CE/QA Nurse on April 7, 2014, revealed, "...What causes this occurrence? Put in computer wrong 5 day order put in for 1 day only start date 3/20 end 3/21..." Further review of facility investigation revealed the section "...What do you suggest to prevent similar occurrences?..." was blank. Interview with RN #6 on September 29, 2014, at 3:26 p.m., in the conference room, confirmed RN #6 completed the 24 hour chart check for the resident. Continued interview confirmed the RN did not identify the transcription error during the 24 hour chart check.

Resident #279 was admitted to the facility on April

 2014, with diagnoses of Rehabilitation, Aftercare for Healing Traumatic Fracture of Hip, Pneumonia, Urinary Tract Infection, and Diabetes

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				PRINTED: FORM	: 10/15/2014 APPROVED
DINIEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPL	LE CONSTRUCTION	OMB NO. (X3) DATI	0938-0391 E SURVEY PLETED
		445404	B. WING				
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	1		TREET ADDRESS, CITY, STATE, ZIP CODE	10/0	2/2014
BLOUNT	MEMORIAL TRANS			2:	320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		i
(X4) ID PREFIX TAG	(CACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DRE	(X5) COMPLETION DATE
F 309	Continued From pag Mellitus.	ge 84	F 30	)9	,	*** : : : : : : : : : : : : : : : : : :	
: :	dated April 10, 2014.	w of a physician's order revealed an order for tic] 1 Gram IV now and daily					
	revealed the order hat the MAR. Continued revealed the Roceph April 10 through April	nt's MAR for April, 2014, ad not been transcribed to review of the resident's MAR in had not been given from 13, 2014. Four doses of en administered per the		***************************************		**************************************	
	2014, revealed the or IV had not been trans documented as order suggestion to prevent RN must review ordel	vestigation dated April 17, der for the Rocephin 1 gram cribed and the cause was not processed. A similar occurrences was s thoroughly for accuracy eck in place for a double					
0 . C . F	it: 17 a.m., in the com observing the physicia	in's order on April 10, 2014, lion error had been made.					
la di m	nterview with charge I 014, at 1:35 p.m., by bout the missed med osages of Rocephin ' nemorywhen a med itiatedwas usually redication errorifir	RN #4 on September 25, telephone, when asked ication verification for the				** ** * * * * * * * * * * * * * * * *	

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				PRINTED FORM	: 10/15/20 I APPROVE	ŕ
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	OMB NO. (X3) DAT	0938-039 E SURVEY PLETED	1
<u></u> -		445404	B. WING	;				
	PROVIDER OR SUPPLIER	CARE CTR		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	_   _ 10/	02/2014	_
(X4) ID PREFIX TAG	(ENCH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	iD PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	) D RE	(X5) COLPLETION DATE	-
F 309	medication transcrip followed"	tion policy was not	F3	809		*** · · · · · · · · · · · · · · · · · ·	H. d	-
	Traumatic Fracture of Difficulty Walking.	idmitted to the facility on July oses including Rehabilitation, of the Hip, Osteoporosis, and		I				
 	2014, revealed "Oxyonarcotic] 5 mg, 1 tab needed, for 3 days, a management." Conti #1 signed off the orde	nued review revealed WC					į	
; ; ; ; ; ; ;	a.m., on July 22, 2014 ohysician orders reveorder from a prescript orescription used for a	1ed off the order at 1:31 4. Further review of the aled a duplicate Oxycodone cion detail (paper narcotics) signed off by WC and PN #6 on the first state of the part of the p		:				
F	Review of the 24 Hou	r Chart Check dated July 22 d the signature of RN #6.				• · · · · · · · · · · · · · · · · · · ·		
m C ∫ 2! ↓ re ↓ by	oxycooone was given 9, 2014, after it had be eview revealed the Ob y four LPN's (#2, #14	every 4 hours prn for nued review revealed the from July 25 through July een discontinued. Further sycodone had been given 44, and #6) for five						
dis	Scontinued after 3 da	vestigation dated July 29, cation was not ys as ordered" and I to receive Oxycodone 5				:		

PRINTED: 10/15/2014

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 | Continued From page 86 F 309 mg for five additional days and eleven additional doses. Continued review revealed the report was generated by LPN #15. Review of the facility investigation dated August 8, 2014, revealed "...order entry error- missed by RN sign off w [with] 24 hour chart check..." Further review revealed the report was signed by RN #8 PCC. Review of the facility investigation dated August 12, 2014, revealed "...medication not stopped after 3 days as ordered...Parameters...Transcription error, chart check error, incorrect order confirmation..." Review of the facility investigation of the August medication errors for resident #111, dated August 13, 2014, revealed "...Rushing-there were 9 admissions that day for 1 WC & 1 RN after 11:00..." Continued review revealed the review was conducted by the Clinical Educator/Quality Assurance Nurse. Interview with the RN #6 on September 29, 2014, at 10:15 a.m., in the conference room, confirmed signed off the admission orders and the 24 hour chart check. Continued interview confirmed "...we look back for 24 hours only, so if it gets missed, that's how it stayed on the MAR... Interview with the RN #8 PCC on September 29, 2014, at 4:45 p.m., in the conference room, confirmed "...it was an input error...we didn't bring

it up in the QA [Quality Assurance] meetings, we don't review all of the medication occurrences..."

Interview with LPN #14 on September 30, 2014,

at 8:20 a.m., by telephone, confirmed

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445404  NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DA1	(X3) DATE SURVEY COMPLETED	
		B. WING	·			40/00/00	
BLOUNT MEMORIAL	TRANS			232	REET ADDRESS, CITY, STATE, ZIP CO 20 EAST LAMAR ALEXANDER PKW ARYVILLE, TN 37804	DE	02/2014
PREFIX : (EACH)	EFICIENC.	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
(medication it"	ion of the t the do n) if it's o	e Oxycodone "how can the (discontinued) med n the MAR, that's how I gave	F3	09			
4.20 p.m., j	n the cor I to ensu	ON, on October 1, 2014, at ference room, confirmed the re correct medication sident #111.	: :			· • !!	
Rehabilitation Replacement	ith admit on Proce ot, Hyper	admitted to the facility on July ting diagnoses of ss of Right Total Knee tension, Asthma, Difficulty in ctive Sleep Apnea.		-			
dated July 2	1, 2014, mg (an a	w of a physician's order revealed an order for antianxiety medication) BID as needed).					
had been tra administered 10:00 p.m. F	29, 2014 nscribed I twice pe urther re	v of MAR for July 21, 2014, I, revealed diazepam 5 mg as scheduled to be er day, at 8:00 a.m., and view of the MAR revealed redicine had been given.					
needed twice computer as " the reason admissions, 1	daily wa daily wa a routine for the w/c (wa	vestigation dated July 29, der for diazepam 5 mg as is transcribed into the scheduled order twice daily occurrence was rushing-9 rd clerk] & 1 RN, no is were identified"					
Interview with September 29	pharma ), 2014, a	by consultant #1 on at 2:35 p.m., in the CE/QA d, "had no prior				!	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(22) 1.0	u Tro		OMB NO	OMB NO. 0938-039				
I AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED		
NAL # C	445404			3						
	PROVIDER OR SUPPLIER			2	2320 E	T ADDRESS, CITY, STATE, ZIP CODI AST LAMAR ALEXANDER PKWY VILLE, TN 37804	E	0/02/2014		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OTUARE	(X5) COMPLETION DATE		
F 309	Continued From pa	ge 88		309	;			:		
	knowledge of the m		. r.	งบษา	 					
	Ziou p.m., in the DO	f1 on September 29, 2014, at DN's office, revealed, " was option error" and confirmed								
	diazepam 5 mg had as a scheduled med	on September 29, 2014, in at 3:40 p.m., confirmed the been transcribed incorrectly ication, and the RN missed or on the admission order and chart check.								
	Resident #105 was a 10, 2014, with diagno Acute Renal Failure, Hypopotassemia, and	admitted to the facility on July poses including Rehabilitation, Hypertension, d Diabetes Mellitus.		:			: : : : :			
	(electrolyte replacem potassium) Extended milliequivalent (meq) revealed Ward Clerk July 10, 2014, at 3:27	every day. Further review #3 signed off the order on p.m., and Registered Nurse 2 signed off the order on		or comments of the second of t						
· · · · · · · · · · · · · · · · · · ·	ualed July 23, 2014, a [potassium chloride] 2 (start in am) x (times)	of the Physician's Orders, at 6:30 p.m., revealed "KCL to med po (every morning) 3 days (edema)". Further tder was signed off by RN 35 p.m.		100 V						
C	rder for "Potassium	of the MAR revealed the Chloride 20 meq oral once e days, July 24, 25, and 26		i			!			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 309 Continued From page 89 F 309 2014. Further review revealed the Potassium Chloride 10 meq ordered on July 10, 2014, was not placed on hold and remained on the MAR.

Medical record review of the MAR revealed on July 24, 2014, LPN #10 administered the 20 meq Potassium Chloride tablet and the 10 meq Potassium Chloride tablet for a total of 30 meq of Potassium Chloride.

Medical record review of the Physician's Orders dated July 25, 2014, at 8:23 a.m., revealed "...kcl on hold until 7/27 due to increase in medications..."

Review of the facility investigation, dated August 14, 2014, revealed "...Pt already on KCL 10 meq daily, but new order for 20 meq x 3 days received. 10 meq not placed on hold so the pt received 30 meq on the first day of the three day order. WC did not notice the 10 meq order needed to be placed on hold..."

Interview with RN Charge Nurse #7 on September 29, 2014, at 5:45 p.m., by telephone, confirmed, "...the old order wasn't placed on hold..."

Interview with the DON on September 29, 2014, at 2:25 p.m., in the conference room, confirmed when a new order is written for the same medication, "...the old order has to be discontinued by the ward clerk, the new order does not supersede the old order..."

Interview with the Clinical Educator/Quality Assurance Nurse on September 30, 2014, at 10:00 a.m., in the conference room, confirmed "...the ward clerk didn't notice the 10 meg (of

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING\_ COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 90 F 309 potassium chloride) needed to be placed on hold...some people can't multitask..." Resident #197 was admitted to the facility on July 24, 2014 with diagnoses of Trans Cerebral Ischemia, Esophageal Reflux, Hypothyroidism, Hypertension, and Depressive disorder. Review of the resident's admission orders dated July 24, 2014, revealed physician orders for Seroquel 200 mg (an antipsychotic medication), q hs (hour of sleep), Sertraline 25 mg (an antidepressant medication) qhs, Pravastatin 40 mg (an anticholesterol medication) a hs. and Resperidone 0.5 mg (an antipsychotic medication) q hs. Medical record review of the MAR on the admission date of July 24, 2014, revealed the Seroquel 200 mg, Sertraline 25 mg, Pravastatin 40 mg, and Risperidone 0.5 mg were not administered on July 24, 2014. Medical record review of the facility investigation dated July 25, 2014, revealed the resident was not given Seroquel 200 mg, Sertraline 25 mg, Pravastalin 40 mg, and Risperidone 0.5 mg, due to a transcription error, due to the ward clerk transcribed the medication orders to another resident's MAR, caused by the name on computer profile not checked. There were no recommendations made for future prevention of the error.

Interview with WC #1 in the DON's office, on September 29, 2014, at 2:50 p.m., confirmed transcribed the medication incorrectly.

Interview with RN #5 on September 23, 2014, at

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 1 <mark>0/15/2</mark> 014
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR	M APPROVED
AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) D	O. 0938-0391 ATE SURVEY OMPLETED
<u></u>		445404	B. WING				
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE		0/02/2014
	MEMORIAL TRANS			2326	0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804		
(X4) ID PREFIX TAG	(ENCH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETION DATE
F 309	Continued From pag	ne 91				<del></del>	<del></del>
:	10:45 a.m., by telept to notice or take acti	hone, confirmed the RN failed on for the medication all chart check, and on the	F 30	)9 : :			Withouse or
:	49, 2014, at 10:10 a.	edical Director, on September m., in the conference room rare of the medication		f			
, <b>.</b>	revealed was aware d	at 9:45 a.m., by telephone, of the medication error on id discussed the incident					
i r	evealed, "had initia	Nurse on September 29, the conference room, led the medication error of the medication error"		:			
, F	9, 2014. With diagnos	mitted to the facility on July ses of Diastolic Heart er, Esophageal Reflux, and					
10	rders revealed an ord	of the resident's admission der for Restoril (a sleeping night) PRN (as needed).					
ro ro De	evealed the medication and ontinued review reverse een administered to the ontinued review reverse on administered to the on administered to the one of the medication and one of the one of the medication and one of the one of the one of the medication and one of the	's Medication Record on was on the MAR as a if a PRN medication. aled the medication had he resident as a routine from July 29, through		- THE VALUE OF			

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES				PRINTED	): 10/15/2014 1APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	OMB NO (X3) DAT	. 0938-0391 IE SURVEY
	445404	B. WING	S	<del></del>		
NAME OF PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	<u>  10/</u>	02/2014
BLOUNT MEMORIAL TRANS (	CARE CTR			EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804		ļ
MAGNIX (GACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	HORE	(X5) COMPLETION DATE
F 309 Continued From page 2014, revealed the computer as QH routine and an additing Restoril 15 mg QHS occurrence was the correctly upon admission prevent similar occur be thoroughly correct interview with RN #8 8:40 a.m., in the CE/M the Restoril had been PRN and scheduled a medication errors for interview with RN #5 4:25 p.m., by telephon remember specific methe admission order a check, and the error was check, and the error was responsible for not idea. Resident #411 was ad August 2, 2014, with a Lumbar Laminectomy Weakness, and Difficulated August 5, 2014.	pe 92 order for Restoril was put into S (every hour of sleep) onal order was put in for PRN. The reason for the order was not entered sion, and and intervention to rences was orders need to twhen signing off.  on September 29, 2014, at QA Nurse's office, confirmed incorrectly as a medication, resulting in resident #23.  on September 29, 2014 at me, revealed, "did not edication errorif initialed and the twenty-four hour was not caught, the RN was entifying the error"  Imitted to the facility on admitting diagnoses of Post, Hypertension, Muscle allty in Walking.  of a physician's order revealed an order for a	F		DEFICIENCY)	OPRIATE	DATE
one-time dose of a Du softener) and a one tin Magnesium Citrate (a the morning of August Review of the resident' revealed the order for the softened to the content of the softened the order for the softened the content of the softened the content of the softened the content of the softened the content of the softened the content of the softened the content of the softened the sof	lcolax Suppository (a stool ne dose for a bottle of bowel cleansing agent) in				w	
to be given every day, the Dulcolax supposito	Continued review revealed				4 4	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING\_ COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 93 F 309 Citrate orders had been initialed as held, due to resident refusal, on the morning of August 6, had been initialed as given on August 9, 10, and 25, 2014, for a total of three doses of each medication. Review of a facility investigation dated September 4, 2014, revealed, "... med order was Dulcolax Supp. [suppository] X 1 in am, order was processed as Dulcolax Supp. PR (per rectum) daily @ [at] 9:00, this was on emar (electronic medication administration record) x 23 days but pt. refused all but three doses. [RN #11] notified me of error on 8/28/14...[there was total of 2 extra doses given], cause of occurrence; order not processed correctly; Prevent similar occurrences: need to read order and 24 hour chart checks already in place to help avoid these errors..." Interview with RN #4 on September 29, 2014, at 9:35 a.m., by telephone, confirmed the failure to accurately transcribe the order was missed on the twenty-four hour check on August 5, 2014, resulting in medication errors. Interview with RN #6 on September 29, 2014, at

medication errors.

10:10 a.m., in the conference room, confirmed the inaccurate transcription of the order for the one-time dose for a Dulcolax suppository and a one-time dose for a bottle of magnesium citrate were missed by the charge RN, resulting in

Interview with pharmacy consultant #1 on September 29, 2014, at 2:35 p.m., in the CE/Q Nurse's office revealed, "...had no prior knowledge of the medication error..."

Interview with WC #1, on September 29, 2014, at

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(90) 11112		OMB_NO. 0938-039
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1447	445404	B. WING _		
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP C 2320 EAST LAMAR ALEXANDER PK MARYVILLE, TN 37804	0DE KWY
I PRICER (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETION
physician orders.	N's office, confirmed the WC accurate transcription of the	F 30:	9	
August 14, 2014, wit	admitted to the facility on h diagnoses including is, Dysphagia, Muscle in Walking, Diabetes, yperlipidemia.			
(resident cognitively i	,		T. T. T. T. T. T. T. T. T. T. T. T. T. T	
dated August 2014 re	v of the Physician Orders vealed an order "August e [diurelic medication] 20 mg for edema"		;	
[Furosemide] 40 mg (	of the Physician's Orders 4, revealed order "Lasix to now [Immediately] and 6 pmIncrease Lasix in			***************************************
Medical record review orders dated August 2 Lasix"	of the Physician telephone 0, 2014, revealed, "D/C			!
Medical record review Administration Record revealed the resident of dose of medication as August 19, 2014. Cont medication was sched p.m., was not given pe	dated August 2014, fid not receive the now ordered by NP #2 on inue review revealed the			
Medical record review Administration Record	of the Medication dated August 2014,	-		·

DEPAR	RTMENT OF HEAL	TH AND HUMAN SERVICES				PRINT	ED: 10/15/20
CENT	RS FOR MEDICAL	RE & MEDICAID SERVICES				FO.	RM APPROVE
12 IN FINE	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIP	PLE CONSTRUCTION G	(×3) (	NO. 0938-039 DATE SURVEY COMPLETED
		445404	B. WING			- [	
NAME OF	PROVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE, ZIP CO		10/02/2014
BLOUN.	T MEMORIAL TRAN	S CARE CTR		2	2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE
	days after the med	ent received Furosemide 40 mg , and August 22, 2014, two dication had been discontinued.	F 30	)9	,	**************************************	
	LasixMedication DosageCause o CorrectlyLasix w aware of medicatic entered in under g noticed when signi had generic name	ity investigation prepared evealed "Drug name Order D/C LasixWrong f Error Order Not Signed Off as discontinuedWas patient on error? No Drug had been eneric name as well so not ng orderAdmission orders and NP wrote for Brand name WC and RN did not catch					· · · · · · · · · · · · · · · · · · ·
	received August 29 Check ErrorDid N LabelIncorrect Or ConfirmationTran Admission orders li NP stopped it but co	der scription ErrorComments: sted meds in generic forms. alled by brand nameRN did ic form of the drug when and the 24 hour chart check did					
	Check form revised tour chart check was august 21, 2014, at evealed the 24 houne resident had an august 20, 2014.	ew of the 24 Hour Chart March 2014, revealed 24 us signed as completed on 6:13 a.m. Continued review or chart check failed to identify order to discontinue Lasix on				***************************************	* * * * * * * * * * * * * * * * * * *
j A ∫p.	ssurance Nurse on	nical Educator/Quality September 25, 2014 at 1:41 ce room revealed "The					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING\_ COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (DI (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 96 F 309 August 14, 2014. At that time the resident was on Furosemide...[NP #2] came in on August 19, 2014 and wrote an order for Lasix 40 mg now. The [NP] also increased Lasix to 40 mg daily... [LPN #3] gave the doses of Furosemide to the resident...[Ward Clerk #5] did not know that Lasix and Furosemide are the same medication so the Furosemide remained on the Medication Record..." Further interview with the CE/QA Nurse revealed "...[RN#11] Charge Nurse was supposed to compare the written orders with the computer...The nurse did not do that ... ' Continued interview revealed RN #6 during review of the MAR discovered the medication error on August 22, 2014, at 10:44 p.m., two days later. Interview with LPN #3 on September 25, 2014 at 4:33 p.m., by telephone, revealed LPN #3 administered Furosemide 40 mg tablet to the resident on August 21, and August 22, 2014. Continued interview revealed LPN #3 was not aware of the medication error with Furosemide, until the interview with the surveyor. Interview with RN #6 on September 29, 2014, at 9:21 a.m., in the conference room revealed "...No one realized that Lasix and Furosemide was the same drug so the resident continued to receive the Furosemide 40 mg for two days after medication was discontinued by the Physician on August 20, 2014..."

Interview with NP #1 on September 29, 2014 at 11:00 a.m., in the conference room revealed "...! write orders...! do not look at the EMARS [electronic medication administration records] routinely..." Continued interview revealed "...! was unaware of all the medication errors involved..."

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				n	Colk topic	3. 4011=ma.
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				1-	FOR	D: 10/15/201 MAPPROVE
1 STATE WEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		IPLE CONSTRUCTION	0	MB NO (X3) DA	0. 0938-039 TE SURVEY MPLETED
		445404	B. WING					
NAME OF	PROVIDER OR SUPPLIER		1		STREET ADDRESS, CITY, STATE		10	/02/2014
BLOUNT	MEMORIAL TRANS	CARE CTR	i		2320 EAST LAMAR ALEXAND			
(X4) IO	CLAN IA DV DY				MARYVILLE, TN 37804			
PREFIX TAG	. ICAUM DEFILIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD THE APPROPE	RE	(X5) COMPLETION DATE
F 309	Continued From pag	ge 97	F3	09	9			
	conference room revisional dispersion of the medication errow"  Interview with RN #1: September 29, 2014, nursing station revea of the medication errowhere I signed off the mow"  Interview with Ward Conterview wit	the duplicate orders for ey were submitted" revealed the pharmacy failed and physician orders.  Charge Nurse on at 2:06 p.m., at the main led "No one informed me or made August 19, 2014, order for Lasix 40 mg						
r L F a	.014, at 4:47p.m., in t evealed three medica asix 40 mg now was urosemide 40 mg wa	Nurse on September 29, he conference room, lion errors occurred: the not given August 19, 2014; s given August 21, 2014; g was given August 22,						
re lis	evealed " the Furose sted on the MARI lo ugust 20, 2014 to dise	tharge Nurse on at 8:19 a.m., by telephone emide and Lasix was both oked at the Lasix order on continue LasixI didn't e" Continued interview					Pts	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/15/2014 FORM APPROVED

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T-:			OMB NO	D. 0938-039	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
<u> </u>		445404	B. WING					
NAME OF	F PROVIDER OR SUPPLIER		<del>-'</del> -		REET ADDRESS, CITY, STATE, ZIP COD		)/02/2 <b>01</b> 4	
BLOUN	IT MEMORIAL TRANS	CARECTO	ŀ		20 EAST LAMAR ALEXANDER PKW			
		CARECIK	ļ		RYVILLE, TN 37804	r		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES						
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	Continued From pa	age 98	;   F30	าด				
	revealed "l just lo	oked at the one medication w it under two different	,					
	at 9:16 a.m., in the	#11 on September 30, 2014, conference room, confirmed to the Lasix 40 mg now dose.					:	
	revealed the Adminimedication errors. the Administrator state were more of an individual been handled on an interview revealed the was a problem in the transcription and vertical transcription and vertical transcription and vertical transcription errors. The orders were correctly from electronic MAR, #2. the orders were correctly from electronic mark, #2. the orders were correctly from electronic mark, #2. The orders were correctly from electronic mark, #2. "! don't think we have answer! don't know problem" The Adminises who made the informed/re-educated	Further interview revealed, we come down to a clear the root cause of the ninistrator stated individual e medication errors not being twas "a problem"						
	occurrence of medical Interview with the DO at 11:10 a.m., in the common the common terms of the combination of things	ation errors.  N on September 30, 2014, conference room, revealed n with the three step						

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID · SUMMARY STATEMENT OF DEFICIENCIES Ð PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 99 F 309 root cause of the problem..." Continued interview confirmed the facility failed to verify the accuracy in the transcription of the physician's orders to the electronic MARs. Reviews of facility policy, medical record reviews, reviews of facility investigations, and interviews, revealed the facility had a repeated pattern of medication errors which were the result of the inaccurate transcription and verification of physician's orders to the electronic MAR. Reviews revealed the facility was aware of the medication errors but failed to identify the root-cause of the errors. Interviews with the facility's managment which included the Administrator, Medical Director, DON, and CE/QA Nurse confirmed all were aware of medication errors which had occurred as the result of inaccurate transcription and verification of physician's orders to the electronic MARs. Interviews confirmed the facility continued to address the errors on an individual basis on investigation reports (did not notify the nurse who made the error or re-educate); and failed to identify and develop a plan of action to address the systemic failure of transcription and verification of physician's orders. The Immediate Jeopardy was effective from February 12 through October 1, 2014, and was removed onsite on October 2, 2014. An Acceptable Allegation of Compliance, which

allegation of compliance by:

removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyors through review of documents, staff interviews, and observations conducted onsite on October 2, 2014. The surveyors verified the

DEPAR CENTE	RTMENT OF HEALTH	AND HUMAN SERVICES  MEDICAID SERVICES				PRINTE FOF	ED: 10/15/201	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
*****		445404	B. WING	i				
	PROVIDER OR SUPPLIER	<u></u>		STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 1	0/02/2014	
	T MEMORIAL TRANS				0 EAST LAMAR ALEXANDER PKWY RYVILLE, TN 37804			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	Dac	(X5) COMPLETION DATE	
F 309	Continued From page	ge 100	F3	09			······································	
in the second of	changes for medical changes for medical included the implem Administration Reco included the facility's nurses were educate being allowed to wor Director of Nursing), education for nurses work or who were on Leave.  2. Verification of the administration system included discontinual Medication Administration Recorrect reconciliation administration Recorrect reconciliation through Nursing and Medication orders we paper MARs.  4. Verification through Nursing and review of Report modified to recontification of resident errors.  5. Verification through Administrator, and review resident the factor of t	ed on the new system before it a shift (coordinated by the and the facility's plan for who were not scheduled to vacation or Family Medical enew medication in by the facility which ion of the Electronic ation Record (EMAR) and per Medication included we physician's orders and the to the new paper MARs. In the new paper MARs in the process of all current resident's reaccurately transcribed to the Medication Occurrence quire the date and time of and/or family of medication in the iew of facility is identification of eight ring the facility's audit of all lication orders. Review of lication orders. Review of						

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX Ю PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 101 F 309 Medical Director of immediate intervention to assess resident's status after identification of the error, and provide clarification orders where needed. Review of a random sample of active resident charts to verify the accurate transcription of new physician's orders to the paper MARs. Review of random sample of active resident charts for the completeness and accuracy of 24 hour chart checks. Verification through observation in both nursing stations new orders were being transcribed by Registered Nurses only. 8. Verification through observation of 3 Licensed Practical Nurses (two on the ground floor and one on main floor) of medication administration by Licensed Practical Nurses with the addition of Registered Nurses assisting to ensure the accuracy of administered medications. Verification through interviews with nine

Registered Nurses, seven Licensed Practical Nurses, and three Ward Clerks/Certified Nursing Assistants to determine the comprehension gained through in-services conducted by the Director of Nursing regarding the changes and implementation of the facility's new transcription

ongoing quality assurance.

and verification procedures.

11. Verification through observation and interview with ward clerks and registered nurses the facility discontinued the process of entering physician orders electronically by the ward clerks.

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES		P	RINTED: 10/15/2014
CENT	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED MB NO. 0938-0391
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445404	B. WING		40/20/20
NAME OF	PROVIDER OR SUPPLIER	- <u>- , , , , , , , , , , , , , , , , , ,</u>		STREET ADDRESS, CITY, STATE, ZIP CODE	10/02/2014
BLOUN	T MEMORIAL TRANS			2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	i
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	DE COMPLETION
F 309	medication orders was 13. Verification by in Pharmacy Vendor the reconcile new medical Non-compliance commonitoring the effect and evaluation of medical street in the reconcile new medical street in the reconci	ugh observation faxed vere reconciled in real time, terview with the Director of the pharmacy consultant will cation orders weekly.  Intinues at an "F" level for liveness of corrective actions only the Quality	F 30	9	
SS=G	c/o #34603 483.25(i) MAINTAIN UNLESS UNAVOIDA Based on a resident's assessment, the facil resident - (1) Maintains accepta status, such as body unless the resident's demonstrates that thi (2) Receives a therap nutritional problem.	NUTRITION STATUS ABLE s comprehensive lity must ensure that a able parameters of nutritional weight and protein levels, clinical condition	F 32	F325 MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE What corrective action(s) will be accomplished those residents found to have been affected be deficient practice;  After further review of resident #388's medical record by the Transitional Care Center (TCC) (facility) Medical Director, it was found that the Nurse Practitioner had been notified of the resident's weight loss on September 23, 2014 the Registered Dietician (RD) (see exhibit 1). Nurse Practitioner and RD continued to closely monitor the resident and ordered lab tests as a deemed appropriate and necessary in their professional opinions. The RD was in communication with both the providers and far members of the resident. The weight loss was	by the
	by: Based on review of farecord review, and into prevent a significant work (#388) of four residents at the contract of forty-one res	acility policies, medical erview, the facility failed to veight loss for one resident ts reviewed for nutritional		identified and communicated to all necessary parties.  Several interventions, including dietary supplements, increased weight monitoring, and high calorie diet were implemented. Weight to was, in part, explained by acute illnesses requiprovider interventions throughout the entire counf stay.	da ss

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) F 325 | Continued From page 103 Resident #388 was discharged on October 3, 2014 F 325 with no significant complications of weight loss. The findings included: She was discharged to her home in Assisted Living Resident #388 was admitted to the facility on with Home Health to follow. August 8, 2014, with diagnoses including How you will identify other residents having the Rehabilitation, Cellulitis of the Leg, Pressure potential to be affected by the same deficient Ulcer of the Buttock, Congestive Heart Failure, practice and what corrective action will be taken; and Diabetes Mellitus. All residents in the TCC (facility) were considered to have the potential to be affected. Following Review of the policy, Pressure Ulcer notification of deficient practice, the Medical Management, revised July 2013, revealed Director, RD, Certified Dietary Manager (CDM), "...monitor nutritional status, including food and and Patient Care Coordinators (PCCs) worked together informally to evaluate the current weight fluid intake. Assess Pre-albumin, Transferrin, and intake of all residents. This occurred from and Albumin levels to determine protein status..." October 16, 2014 to October 27, 2014. In addition, beginning on October 7, 2014, Registered Nurses (RNs), licensed practical nurses (LPNs), certified Review of the Supervision of Resident Nutrition, nursing assistants (CNAs), and Ward Clerks (WCs) revised October 2009, revealed "...food and fluid were educated in huddles (see exhibit 10) that daily intake must be observed...recorded and weights are to be done by nightshift. When reported..." reviewing the careplans, RNs are to be sure the CNAs are aware of which residents require weights. On Monday, Wednesday, and Friday there Medical record review of the facility's Standing is a day shift CNA coming in at 6:30am on each Admission Orders, dated August 15, 2014. floor to obtain residents' weights. After the RN has revealed "...RD/CDM (Registered reviewed the weights, he or she is to put the copy Dietician/Certified Dietary Manager) will evaluate in the PCC's box to review. Huddles are small and informal meetings involving RNs, LPNs, CNAs, and and make adjustments for adequate caloric WCs present that shift. They are held at the and/or protein intake...nutritional supplements will beginning of each shift daily and conducted by the be provided to patients requiring increased RN charge nurse. They provide a brief discussion of any announcements, reminders, or updates and intake..." content is determined by the Nursing Leadership Meeting (see exhibit 7). Content from huddles is Medical record review of the resident's Nutritional also placed in the huddle book so that staff not History, dated August 18, 2014, revealed an present may review it as well. admission weight of 99.4 pounds, UBW (Usual Body Weight) of 96 pounds, and a BMI (Body Mass Index) of 18 (underweight less than 18.5). Continued review of the nutritional history dated

August 18, 2014 revealed a diet order of "CCHO (Consistent Carbohydrate Diet) c (with) glucerna (nutritional supplement) c meals/Regular. glucerna TID (three limes a day)."

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) As a consequence of this intensive review and F 325 | Continued From page 104 F 325 evaluation, an additional 10 residents were found to Further review of the nutritional history dated be at high risk for weight loss and placed on a "high August 18, 2014, revealed, "...alert, confused...r risk for weight loss" list, created prior to October 27, 2014. Risk stratification was determined by meeting (right) heel SDTI (suspected deep tissue injury), r a minimum of 1 of 3 criteria: Body Mass Index buttock decubitus (pressure ulcer)...consumes (BMI) less than 19, recorded weight loss, or 75% (percent) (of meal)... suggest daily MVI presence of stage 2 or greater wounds. The following residents were identified as being at high (multivitamin), vit C (Vitamin C) and Zinc to promote wound heeling..." MR# 643209 significant weight loss Medical record review of the 5 day Minimum Data Set (MDS) dated August 22, 2014, revealed a MR# 426528 significant weight loss Brief Interview Mental Status (BIMS) of 9 MR# 409435 wounds (indicating moderate cognitive impairment), supervision for eating, set-up only, and a weight MR# 770881 weight loss of 99 pounds. MR# 729048 wounds Medical record review of the dietary notes dated MR# 416632 tube feeding with low BMI August 28, 2014, revealed "...pt (patient) request/family change glucerna to 2 pm..." MR# 484730 low BMI MR# 512246 weight loss\* Medical record review of the Plan of Care, dated August 28, 2014, "... Needs therapeutic diet MR# 1021778 weight loss related to low BMI...interventions...Regular diet MR# 436484 weight loss\* with Glucerna once daily, monitor meal consumption offering substitutes if resident MR# 575973 wounds consumes less than 50% of meals...' MR# 415771 weight loss\* Medical record review of the Weights Detail \*weight loss suspected to be related to inaccurate Report revealed a weight of 95 pounds (4.1% admission weight reported loss) dated on September 7, 2014. Continued review revealed a weight of 91 pounds (8.1% The first official meeting of the weight management team (see question 4 regarding monitoring of loss) on September 22, 2014. corrective actions) was October 27, 2014. During that meeting, an additional 6 residents were Medical record review of the Interdisciplinary identified to be at risk and added to the high risk for

Progress Notes of August 25 to September 23,

Medical record review of the facility's Meal & (and) Fluid Detail Report from August 24 to September 21, 2014 revealed the Glucerna 2:00

2014, revealed no documentation of weight loss.

residents.

weight loss list. Ongoing review by the RD and PCCs continues to identify additional at risk

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2014

CENTERS F	OR MEDICARI	E & MEDICAID SERVICES			FORM APPROVE
STATEMENT OF D AND PLAN OF CO	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULT(P	LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		445404	B. WING		
NAME OF PROVI	DER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/02/2014
BLOUNT MEN	ORIAL TRANS	GARE CTR	:	2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D RE COMPLETION
p.m. and reside twent Med Sept and a calin Media blood Sed (activity (bilate (cyclity review test to protein (milligue) to 20 musc reveal mg/dl Pre-A Album metat policy Media work, orders reveal 3.12 m Album Album Album Album and a content orders reveal 3.12 m Album Album Album Album Album Album Album Album Album	ical record reviewed in the control of the control	ge 105 s consumed on September 5 nued review revealed the flucerna for two out of  ew of the 30 day MDS, dated d, revealed a BIMS of 10 (10 ively intact), supervision for and a weight of 95 pounds.  ew revealed a CBC (complete basic metabolic profile), a rate (measures inflammatory eptember 12, 2014, for "bie mity) inflammation, ckd nase), anemia". Further BUN (blood urea nitrogen), a initrogen that forms when with a level of 32 mg/dl ), (normal range of BUN of 6 Creatinine (measurement of el on September 12, 2014, (normal level of 0.6 to 1.2 eview revealed no est for protein deficiency), protein), or Transferrin (iron ere ordered per facility  ev of the laboratory blood ember 23, 2014, revealed in BMP. Further review 35 mg/dl and a Creatinine of d review revealed no n, or Transferrin levels were		For all residents identified as high risk.	and nited to olement, boratory licable Director  at that the  e RD, all weight ey met ted in man and an and thigh on is to weight for id, and y the policy CE, table their see ober rt of
Intervi	ew with the Cer	tified Nursing Assistants	į	CNAs, and WCs of policy changes when they occur.	

(CNA's) #1, #5, and #6, on September 23, 2014,

Continued on Page 106(a)

STATEMEN	T OF DEFICIENCIES	-, — <u> </u>				
AND PLAN	OF CORRECTION	PLIER	OVIDER/SUP IFICATION R:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED	
NAME OF FAC	TH Prov		5404		10/02/	/2014
		1		S, CITY, STATE, ZIP CODE	101021	2014
BLOURT IV	IEMORIAL TRANS CARE CTR	2320 E	CAST LAN VVILE, T	MAR ALEXANDER PARKWAY		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCE	re e	ID	PROVIDER'S PLAN OF CORRECT	TION	
TAG	(EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMA'	Y FULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE OF TO THE APPROPRIATE DEFICIE	CROSS-REFERRED	(X5) COMPLETIO DATE
F 325	Continued From page 106			All RDs employed by the hospital who to work at TCC (facility) from the pareneducated to the policy "Identifying and I Adequate Weight for All Patients Consider Weight Loss" (see exhibit 23).  The processes for documentation of considerary supplements and for the RD's recommendation(s) being reviewed and have been revised as outlined in the new referenced above.  How the corrective action(s) will be monthe deficient practice will not recur; i.e., assurance program will be put into place.  The TCC (facility) formed a weight revied October 21, 2014 to include the PCCs, Rias well as the Medical Director at her districted as the Medical Director at her dis	thospital were Maintaining an dered High Risk sumption of implemented policy ditored to ensure what quality we team on D, and CDM, cretion or as or to this date cal Director led be seen the policy e Weight for eight Loss" kly on 27, 2014 to a residents and weight loss waluate the of all residents intake less than ria are used to essulting in	

		(X1)PROV PLIER IDENTIFI NUMBER:	ICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2014	
,		1		CITY, STATE, ZIP CODE		
BLOUNT M	IEMORIAL TRANS CARE CTR		AST LAN VILE, TI	MAR ALEXANDER PARKWAY N 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY SHOULD BE PRECEDED I REGULATORY LSC IDENTIFYING INFORMA	IES BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOULD BE TO THE APPROPRIATE DEFICE	CROSS-REFERRED	(X5) COMPLETION DATE
F 325	Continued From page 106 (a)		F 325	This list is representative of residents is at high risk of weight loss based upon to criteria if present at time of admission: 19.0, presence of stage 2 or greater word documented history of Adult Failure to Malnutrition. Recommendations will be to the physician based on review of the care plan, and intake records to help en not lose weight unexpectedly.  A member of the weight team will perform random audit of the documentation of the supplements consumed for 20% of resist supplements consumed for 20% of resist supplement for an initial 4 week period. Then 10% of residents receiving a supplement and 4 week period will be audited. Management Plan for TCC Compliance (see exhibit 21) will be used to determine and frequency of ongoing audits to ensith the administration and documentate dietary supplements. Results of the aucreported to the QA committee. Recombe made to the physician if indicated, the medical record, care plan, and intakensure residents do not lose weight under the province of the physician is indicated.	he following BMI less than ands, or Thrive or e made by the RD medical record, sure residents do  form a weekly the percentage of dents receiving a I (see exhibit 24). Independent for an ind. The Quality e Auditing Tool ine the volume ture compliance tion of ordered dit will also be mendations will based on review of see records to help	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		445404	B. WING		WHITE THE PROPERTY OF THE PROP	10/0	2/2014
	PROVIDER OR SUPPLIER MEMORIAL TRANS	CARE CTR		23	REET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	COMPLETION DATE
F 325	CNA's were not ins	age 106 dining room, confirmed the structed to document the 2:00	F3	325	Continued From Page 106(b)	manner of manches of	1
	Charge Nurse, on p.m., in the main n	Registered Nurse (RN) #2 September 23, 2014, at 4:00 ursing station, confirmed no esident #388's weight loss.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	September 23, 207 room, confirmed the Transferrin labs we supplement was not the weight loss, and consults with resident label.	Registered Dietician on 14, at 4:30 p.m., in the dining the Pre-Albumin, Albumin, and the renot ordered, nutritional to documented, not aware of the dining the renot motivate of the renot was at 1388. Further interview the been on vacationthe dietary					
	September 24, 20: level nursing station to obtain labs, document and notify dietary of loss. Continued intresponsibility to no confirmed "it document."	ctor of Nursing (DON) on 14, at 7:45 a.m., in the main on, confirmed the facility failed ument nutritional supplements, or the physician of the weight lerview confirmed "RN's of the RD" Further interview esn't look like the policy was		333	F333		10/31/2014
F 333 SS=L		D ERRORS  Insure that residents are free of	L A LANCOUR VICE THE CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR AND ADMINISTRATI		RESIDENTS FREE OF SIGNIFICANT ME ERRORS  What corrective action(s) will be accomplied those residents found to have been affected deficient practice;	shed for	
Liver in the state of the state	by:	ENT is not met as evidenced of facility policy and procedure,			Resident #262 was discharged from the Transitional Care Center (TCC) (facility) o 2014 to Blount Memorial Hospital, and sul permanent or prolonged condition from the medication error.	fered no	

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINT	ED: 10/15/201 RM APPROVE
CENTE	KS FOR MEDICARE	& MEDICAID SERVICES				OMB N	10. 0938-039
AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIF	PLE CONSTRUCTION 9	(X3) C	DATE SURVEY COMPLETED
MANEOE		445404	B. WING	·			10/02/2014
NAME OF	PROVIDER OR SUPPLIER			,	STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	010212014
BLOUNT	MEMORIAL TRANS	CARE CTR		;	2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	. ID				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD 8E	(X5) COMPLETION DATE
F 333	review, and interview significant medication	ge 107  ew, facility investigation  w, the facility failed to prevent  on errors for four residents  #453) of twenty-four residents	F3	33	She discharged from the hospital to a skilled nursing facility from which she discharged to home in good condition.  Resident #457 was discharged from the (facility) on March 31, 2014 to home, a no permanent or prolonged condition from the skillent she was a second to the skillent she will be said to be sai	was later ne TCC	-
	failure to ensure phy transcribed accurate Registered Nurse ve transcription and fail	tion errors. The facility's			noted medication error.  Resident #453 was discharged from th (facility) on March 24, 2014 to home, a no permanent or prolonged condition fronted medication error.	ie TCC ind suffered rom the	
	resulted in a system residents receiving n Jeopardy (a situation noncompliance with participation has cau	failure that placed all nedication in Immediate			It was determined for resident #188, aft review of the medical record, the medical record, the medical respensing system reports, and pharmathat the resident did not receive Couma documented by the nurse. The nurse elinaccurate. This employee no longer w (facility).	cation acy records, adin as entry was vorks at TCC	
	The Administrator, M Medical Officer In Ho Nursing Officer, and I Informed of the Imme September 30, 2014, conference room.	ouse Legal Counsel, Chief Director of Nursing were			In complete review of chart, there was I Coumadin 2 mg to be given to resident, an electronic request was sent to pharm Coumadin 2 mg. Pharmacy rejected the to admission order clarification for "hold Coumadin". They notified TCC (facility) of order. The pharmacy (which generate Coumadin orders per protocol) did not g Coumadin order for this resident. There Coumadin withdrawn from medication did	. However, nacy for corder due for rejection es generate a was no	
· /	12, 2014 through Oct An extended survey v	vas conducted on through October 2, 2014			system profile assigned to this resident.  Resident #188 was discharged home to Living with Hospice on April 11, 2014.  How you will identify other residents hav potential to be affected by the same defipractice and what corrective action will be	Assisted	The state of the s
r 	eceived on October 2 emoved the Immedia				All residents in TCC (facility) were consistency the potential to be affected. The E Medication Administration Record (E-MA Electronic Treatment Administration Rec (E-TAR), and Electronic Physician Order (E-POE) system was abandoned immed September 30, 2014, returning to a hand paper-based MAR, TAR, and physician of system, effective October 1, 2014.	ilectronic AR), cord r Entry liately on d-written.	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) On September 30, 2014 through October 1, 2014, F 333 Continued From page 108 charts and MARs of 100% of the current residents F 333 Review of the facility policy Medication (68) were reviewed during our conversion from E-MAR to paper MAR. In the process, the records Administration: General Guidelines, undated, were analyzed for any medication errors by the revealed "...Procedures: 2) Medications are Medical Director who was on site through the entire administered in accordance with written orders of conversion process. the attending physician. If a dose seems Our initial review identified 7 residents (8 errors) excessive considering the resident's age and who we thought were affected. However, on further condition, or a medication order seems to be review, one resident (MR# 425745) had previously unrelated to the resident's current diagnoses or been notified of the error and another (one of two condition, the physician is contacted for on MR# 448221) was found not to be an error. The following residents were affected: clarification prior to the administration of the medication. This interaction with the physician is Resident MR# 475365: Omission of medication on documented in the nursing notes and elsewhere September 14, 2014. in the medical record as appropriate..." Resident MR# 483234: Transcription error on September 18, 2014. Review of the facility policy Charge Nurse, dated June, 2012, revealed "...C) 2: Reviewing Resident MR# 689434: Transcription error on medication cards for completeness of September 25, 2014, information, accuracy in the transcription of Resident MR# 791005: Transcription error on physician orders, and adherence to stop order September 23, 2014. policies..." Resident: MR# 524029: Transcription error on September 4, 2014. Review of the facility procedure Night Shift RN (Registered Nurse) Checklist, undated, revealed Resident MR# 448221: Transcription error on ...3). Check charts after midnight (24 hr [hour] September 15, 2014. chart checks). If any new medications ordered, On September 30, 2014 additional Registered verify they were on the MAR (Medicalion Nurses (RNs), employed by Parent Hospital (Blount Administration Record]..." Memorial) were assigned to the TCC (facility) to complete the following tasks: Resident #262 was admitted to the facility on July Transcribe all physician orders for every current 23, 2014, with diagnoses of Pneumonia, Acute resident to a hand-written MAR and/or TAR on Renal Failure, Rehabilitation, Atrial Flutter, and September 30, 2014 for immediate use. Muscle Weakness.

Medical record review of a Medication Record

administration) for July 2014, revealed on July 24, 2014, at 9:00 p.m., the resident was given Seroquel 200 mg (milligrams) (an antipsychotic medication), Sertraline 25 mg (an antidepressant

(MAR - record for documenting medication

October 1, 2014,

Verification by 2 RNs the accuracy of all physician

orders for every current resident to a hand-written MAR and/or TAR after transcription completed on

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2014

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				M APPROVE	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		445404	B. Wind	S			
NAME OF	PROVIDER OR SUPPLIER		<u></u>	STREET ADDRESS, CITY, STATE, ZIP C	<u> 1 19</u>	0/02/2014	
BLOUNT	T MEMORIAL TRANS	CARE OTO		2320 EAST LAMAR ALEXANDER PH			
	MEMORIAL TRANS	CARE CIR		MARYVILLE, TN 37804	VIET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	(= ·= · · · · · · · · · · · · · · · · ·	I SHOULD BE	(X5) COMPLETION DATE	
	mg (an antipsychotic Medical record reviewers no orders for Stravastatin, or Risport Medical record reviewers found med [medication of the orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders on another orders or another orders or reviewers (Physician) notified, of Medical record reviewers and intravenous accommal saline at 60 mordered by the physical flow blood pressure).  Medical record reviewers ordered with [family member] required the member] required movements and effect Risperdal on these massake - [family] statir	statin 40 mg (an dication), and Risperidone 0.5 c medication).  Ew of Physician's orders from 725, 2014, revealed there recovered a nurse's note dated fied "05:30 unit secretary for only error aswas putting in the pt [patient]. Pt. had 3 fier orders. VS [vital signs] formal blood pressure is rery sleepy hard to arouse for orders noted"  W of a nurse's note date July 1., revealed the nurse started fiest to administer fluids of 1. milliliters per hour), as cian, to treat hypotension  W of a Physician's progress 1. more than 1.50 p.m., by NP #1, room by [RN] to discuss some follow up concerns. Lests discussion out of 1. Re: [regarding] jerking cis of Seroquel & [and] ovementsIn room patient ing not like [normal].	F3	Provide every 12 hour chart check review of all MAR's, TAR's, and new orders effective October 1, 2014. The ongoing.  Administer all medications under the two licensed nurses (RN or License Nurse (LPN)) effective October 1, 2 process is ongoing.  What measures will be put into place systemic changes you will make to edeficient practice does not recur;  Initial education on the transcription process (see exhibit 16) was compled Chief Nursing Officer (CNO) on Sep 2014 during a face to face education all RNs and LPNs present that shift.  For the subsequent shifts on Septem and October 1, 2014, the Director of reviewed the Allegation of Compliane process for transcribing and verifying TARs, chart check process, and new occurrence report, with each shift's F (see exhibit 16).  From October 1, 2014 through October TARs, chart check process is outlined administration policy, (see exhibit 17) policy that was created on October 2 Associate Nurse Executive of the par with approval by the Interim DON, CN Medical Director. This policy describe transcription and verification process implemented October 25, 2014. Eduin-service on this policy was conducted DON, Interim CE, and PCCs from Oc 2014 through October 25, 2014, and RNs, LPNs, certified nurse assistants	ks to include w physician his process is the purview of practical to the process of the purview of practical to the process of the purview of practical to the process of the purview of the process of the purview of the process of t		
; ( ;;;;; ii t	Counseled them on e Seroquel & Risperdal	xpected side effects , todays lab results to for elevated potassium and is fluids] for		ward clerks (WCs). Two staff membe vacation during this in-service and co- education to this policy by October 27 exhibit 5). New or contract staff will re education to this policy (see exhibit 1) their new employee orientation packe	mpleted their 7, 2014 (see eceive 7) as part of		

management/correction of hypotension.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) JD PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) This educational material will be updated as policy F 333 Continued From page 110 F 333 changes occur by the CE. The CE will also be Discussed option of hospitalization for more responsible for educating current RNs, LPNs, CNAs, and WCs of policy changes when they aggressive evaluation of myoclonus [seizure occur. activity] to include possibility of further imaging & neurology eval [evaluation]...somnolence Beginning October 17, 2014, TCC (facility) now [excessive sleepiness] significantly improved receives a printed MAR from the pharmacy every day for the next 24 hour period. These MARs are myoclonus now exacerbated [made worse]..." reviewed by two RN's for accuracy prior to use for medication pass by TCC (facility) nurse. Medical record review of a facility discharge summary dated July 25, 2014, revealed "... Pt How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., discharged to hospital, dx [diagnosis]: accidental what quality assurance program will be put into overdose..." Resident #457 was admitted to the facility on Beginning October 1, 2014 only RNs have been March 14, 2014, with diagnoses including Acute permitted to transcribe medication and treatment Venous Embolism and Thrombosis of Lower Extremity, and Fractured Hip. On October 10, 2014, the Hospital Quality Management Department began performing audits (see exhibit 20) of 100% of the facility's residents Medical record review of the Hospital Discharge charts each day to ensure that the following Medication List dated March 14, 2014, revealed processes are completed: "...Enoxaparin [a medication to prevent blood clots]...0.4 ml [milliliters], subcutaneous, every 24 Verification that 2 RNs have deemed all physician hours..." orders accurate for every current resident 12 hour chart checks are completed on every Medical record review of the Physician's resident each shift including review of all MARs. Recapitulation Orders dated March 14, 2014, TARs, and new physician orders revealed "...Enoxaparin,..40 mg/0.4 ml sol Two nurses have reviewed every medication. [solution] give 0.4 ml...subcutaneous once a day administered to every resident for blood clotting control..." If the Quality Management Department finds Medical record review of the Medication Record deficiencies during their audits, they communicate these to the DON. Deviations from these practices dated March 14, 2014, through March 20, 2014, as of October 27, 2014 will result in employee revealed resident #457 did not receive re-education and/or disciplinary action by the DON.

and March 17, 2014.

Enoxaparin 40 mg subcutaneous on March 15

Medical record review of a Physician's Order

[ultrasound] RLE [right lower extremity] Dx:

warmth, edema [swelling]... Dx: chills, warm,

dated March 18, 2014, revealed "...Vascular US

meeting.

The TCC Medication Error/Risk Team began on October 6, 2014, and was tasked to evaluate compliance with the process defined in the policy

"Medication Administration" (see exhibit 13). This

team evaluates all medication error occurrences.

and reviews medication error rates in the weekly

STATEMEN	T OF DEFICIENCIES	The state of the s			OMB NO	) <u>. 0938-03</u> 91	
STATEMENT OF DEFICIENCIES (X1) I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		445404	B, WING	G	100	/02/2014	
	PROVIDER OR SUPPLIER  MEMORIAL TRANS	CARE CTR	•	STREET ADDRESS, CITY, STATE, ZIP ( 2320 EAST LAMAR ALEXANDER PI MARYVILLE, TN 37804	CODE	10212014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CO	4 SHOULD BE	(X5) COMPLETION DATE	
	dated March 19, 20: Venous RightClinic WarmthFindings thrombus [blood cloop posterior tibial and posterio	ew of a Diagnostic Report 14, revealed "ExamLower cal: RLE Edema and Significant nonocclusive I] is seen within the right eroneal veinsImpression: sive thrombus below the knee heal and posterior tibial  w of a Physician's Progress P, 2014, revealed "results onocclusive thrombus below froneal [and] post tibial veins. I [redness]/edema x [times] 2  investigation dated MarchError when entering order. tions and entered every 2 vent similar occurrences? ly recheck after entered for investigation dated MarchEvent Date: try error off admission orders J. WC [ward clerk] changed med dosing which should not Nurse did not notice the enciesMedication involved: J"  (QA (Clinical Urance) Nurse on	F3	Error rates are determined by the medication errors per month dividinumber of doses administered that goal is to have no medication error event an error occurs, this team errobust investigation and evaluation. The TCC Medication Error/Risk Temporation and evaluation. The TCC Medication Error/Risk Temporation and evaluation. The TCC Medication Error/Risk Temporation and evaluation. The TCC Medication Error/Risk Temporation and includes the Director, TCC Administrator, Hospital CNO, Consultant Pharma Associate Nurse Executive, TCC Emporation and Hospital Quality Manager, and Hospital Quality Manager, and Hospital Quality Manager, and Hospital Quality Manager, and Hospital Quality Manager, and Hospital Respital Management audit results weekly, also discuss any Safety Hotline call concerning medication errors or medications affecting and safety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report conditions affecting as afety or quality of care issues inclused to report and the hospital and revindividually by the Hospital Risk MacMo. The Hospital Safety Hotline posted in staff work areas.  Beginning October 27, 2014, a syst audit frequency will be followed (see During the consultant pharmacist's pharmacist will audit at least 10 residence and completeness of pumber was determined based on a admission volume of about 20 resid. The residents audited are chosen were presentatives from all units and efform the audits within 7 days of the consultant pharmacist will perfor were months. The consultant pharmacist will perfor the next three months. The consultant pharmacist will report audit findings administration and Director of Pharmacist will report audit find	ed by the total at month. The rs, but in the nsures that a n ensues.  earn meets every the TCC Medical ital CMO, cicist, Hospital Director of pital Risk nagement nsibilities (see seam/Risk Team reports (see seam/Risk Team reports (see seam/Risk Team reports (see seight and the second of the seco		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) The consultant pharmacist, in consultation with the F 333 Continued From page 112 F 333 TCC (facility) Medication Error/Risk team will was transcribed incorrectly, entered as every determine the ongoing audit frequency and duration after the initial three (3) month period. The other day, and the resident missed the dose on medication transcription audit (see exhibit 22) will March 15 and 17, 2014. Continued interview include a review for order omissions, dose confirmed the ward clerk entered the order omissions, duplicate medication orders. incorrectly with the frequency of every other day, transcription errors, and allergies on MAR. The consultant pharmacist will report any irregularities to nursing administration and attending physician. Interview with NP (Nurse Practitioner) #1 on September 29, 2014, at 11:00 a.m., in the conference room, confirmed it would be possible the missed doses contributed to the development of the blood clot in the leg. Resident #188 was admitted to the facility on March 22, 2014, with diagnoses including Rehabilitation, Dislocated shoulder, Intracranial (Brain) Hemorrhage (bleed), Subdural Hematoma, and Atrial Fibrillation. Medical record review of resident #188's admission orders dated March 22, 2014, revealed "...hold [do not give] Coumadin [an

anticoagulant-prolongs blood clotting time] for one month, until cleared by neurosurgery..."

Medical record review of the Physician's Orders for Resident #188 revealed no order for Coumadin on March 25, 2014.

Medical record review of the MAR dated March 25, 2014, at 6:00 p.m., revealed Licensed Practical Nurse (LPN) #2 administered a Coumadin 2 mg tablet to resident #188.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY	
	IDENTIFICATION NUMBER:	A. BUILD	ING	COMPLETED	
	445404	B. WING		10/02/2014	
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	10102/2014	
PREFIX   (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLÉTION	
confirmed "the whincorrectly, the drug frequencywe thou wrongwe have troo orders"  Interview with LPN #8:50 a.m., via teleph administered Couma Interview with NP #1 11:20 a.m., in the conotice of medication Further interview corthe EMARS [Electron Record] or I would not significant med error Interview with Pharm September 30, 2014 conference room, cowas a significant med Resident #453 was a February 10, 2014, when Rehabilitation, Aftero Fracture of Hip, Music Stenosis.	E/QA Nurse on September I.m., in the conference room, lole thing was done with the dose, and the got the order was entered uble with the (hospital)  #2 on September 29, 2014, at lone, confirmed the LPN ladin 2 mg on March 25, 2014.  on September 29, 2014, at lone on March 26, 2014.  Inference room, confirmed lerror on March 26, 2014.  Infirmed "I don't review all of lone main in the lever get donethat is a lone of the county of the county of the county of the lone of the county of the lone of the county of the lone of the county of the lone of th	F 3	70 TO THE THE TO		
	v of the Medication Record 014, through March 10, nysician's order was				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Y BRITE	LTIPLE CONSTRUCTION DING		E SURVEY MPLETED
		445404	B. WING		10.	/02/2014
	PROVIDER OR SUPPLIER MEMORIAL TRANS	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ULD BE	(X5) COMPLETION DATE
	medication administerior chiloride 20 meq of a.m.) for abnormal the Medication Recadministered Potas 9:00 a.m. for a total from February 13, Interview with the 129, 2014, at 2:34 prooffirmed the residual potassium for 22 dropotassium was a official medicate. The Immediate Jeffebruary 12 through removed onsite on Acceptable Allegat removed the immediate surveyors through the surveyor through the surve	Medication Record for stration as "Potassium ral once a day at 0900 (9:00 labs" Continued review of cord revealed the resident was saium 20 meq every day at all of 22 days, (21 doses in error 2014, through March 5, 2014). Medical Director on September .m., in the conference room, dent receiving daily dose of ays, when the original order for ne time order, was a ion error.  Depardy was effective from the order of the conference, which diacy of the jeopardy, was ctive actions were validated by ugh review of documents, staff servations conducted onsite on		333		
	1. Review of the ensure nursing sta changes for medic included the imple Administration Recincluded the facility nurses were education allowed to with Director of Nursing education for nurses	The surveyors verified the liance by:  facility's in-service records to ff were educated regarding ation administration which mentation of paper Medication cords (MARs). Review /'s plan of action to ensure all ated on the new system before ork a shift (coordinated by the p), and the facility's plan for es who were not scheduled to on vacation or Family Medical				

### PRINTED: 10/15/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB <u>NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445404 8. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY **BLOUNT MEMORIAL TRANS CARE CTR** MARYVILLE, TN 37804 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 333 Continued From page 115 F 333 2. Verification of the new medication administration system by the facility which included discontinuation of the Electronic Medication Administration Record (EMAR) and implementation of paper Medication Administration Records, Verification included review reconciling new physician's orders and the correct reconciliation to the new paper MARs. 3. Verification through interview with the Director of Nursing and Medical Director, and review of facility documentation all current resident's medication orders were accurately transcribed to paper MARs. Verification through interview with the Administrator, and review of facility documentation the facility's identification of eight transcription errors during the facility's audit of all current resident's medication orders. Review of facility documentation verified residents or resident's family, and physician were notified of the errors. Verification through interview with the Medical Director of immediate intervention to assess resident's status after identification of the error, and provide clarification orders where needed. Review of a random sample of active resident charts to verify the accurate transcription of new physician's orders to the paper MARs. Review of random sample of active resident charts for the completeness and accuracy of 24 hour chart checks. 6. Verification through observation in both nursing stations new orders were being transcribed by Registered Nurses only.

7. Verification through observation of 3 Licensed Practical Nurses (two on the ground floor and one on main floor) of medication administration by Licensed Practical Nurses with the addition of Registered Nurses assisting to ensure the

### PRINTED: 10/15/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445404 B. WING 10/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY **BLOUNT MEMORIAL TRANS CARE CTR** MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX OI (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 333 Continued From page 116 F 333 accuracy of administered medications. Verification through interviews with nine Registered Nurses, seven Licensed Practical Nurses, and three Ward Clerks/Certified Nursing Assistants to determine the comprehension gained through in-services conducted by the Director of Nursing regarding the changes and implementation of the facility's new transcription and verification procedures. 9. Verification through interview with the Administrator, Medical Director, Chief Nursing Officer, Risk Management Team, Director of Nursing, and Director of the Pharmacy Vendor of their participation in risk management meeting to address the system changes with medication administration, and involvement of all parties in ongoing quality assurance. 10. Verification through observation and interview with ward clerks and registered nurses the facility discontinued the process of entering physician orders electronically by the ward clerks. 11. Verification through observation faxed medication orders were reconciled in real time. 12. Verification by interview with the Director of Pharmacy Vendor the pharmacy consultant will reconcile new medication orders weekly. Non-compliance continues at an "F" level for monitoring the effectiveness of corrective actions

Complaint # 34603

and evaluation of monitoring by the Quality
Assurance Committee. The facility is required to

The facility must provide routine and emergency

submit a plan of correction.

SS=L ACCURATE PROCEDURES, RPH

F 425 483.60(a),(b) PHARMACEUTICAL SVC -

deficient practice;

What corrective action(s) will be accomplished for

those residents found to have been affected by the

F 425

10/31/2014

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2014 FORM APPROVED

051747		MEDICAID SERVICES			<u>Ol</u>	MB NO.	<u> 0938-0391</u>
STATEMENT	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COME	SURVEY
		445404	B. WING			10/0	2/2014
	PROVIDER OR SUPPLIER	CARE CTR		23	REET ADDRESS, CITY, STATE, ZIP CODE 320 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	sx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	)BE	(X5) COMPLETION DATE
F 425	them under an agri §483.75(h) of this is unlicensed persons law permits, but or supervision of a lice.  A facility must prove (including proceduracquiring, receiving administering of all the needs of each.  The facility must end incensed pharmation all aspects of the services in the face.	als to its residents, or obtain eement described in part. The facility may permit nel to administer drugs if State aly under the general ensed nurse.  Aide pharmaceutical services res that assure the accurate g, dispensing, and I drugs and biologicals) to meet resident.  Imploy or obtain the services of acist who provides consultation are provision of pharmacy ility.		425	The medication errors of residents #262, # #188, #453, #452, #454, #455, #456, #275 #398, #105, #197, #23, #411, #238 have to additionally reviewed by the Transitional Center (TCC) (facility) Medical Director an Nursing Leadership Team (created Octobe 2014). The Nursing Leadership Team med 8:00am Monday through Friday and is atte the TCC Administrator, Director of Nursing Patient Care Coordinators (PCCs), Clinical Educator (CE), and Medical Director at he discretion or as requested. Since it was or Chief Medical Officer (CMO), Chief Nursing (CNO), and Medical Director have attended ensure the Nursing Leadership Meeting is accomplishing its function. During this me general review of occurrences including nerrors and ensuring appropriate notification been completed and is discussed (see ex None of the residents suffered a prolonge permanent condition from the noted medicators.  Each resident was discharged as indicated #262 to Blount Memorial Hospital on July She was discharged from the hospital to skilled nursing facility from which she lated discharged to home in good condition.	a, #111, peen deare de de r7, ets at ended by g (DON), at erred daily to eated the g Officer ed daily to eting, a nedication on has hibit 7). do or cation ed below:  25, 2014. a second	
	by: Based on review record review, review, review, the facilipharmacy oversig medication orders the Medication Reconciled and versiders. The failurand placed sixtee #453, #452, #454, #105, #197, #23, residents reviewed immediate Jeopa	of pharmacy contract, medical riew of facility policy and w of facility investigation, and lity failed to ensure a system of the was in place to ensure so were accurately transcribed to ecord, physicians orders were riffed, and medications were stered according to physician's re resulted in medication errors on residents (#262, #457, #188, #455, #456, #279, #111, #398 #411, #238) of twenty-four ed for medication errors in ardy (a situation in which the pliance with one or more	A STATE OF THE STA		#457 to home on March 31, 2014  #453 to home with Home Health on March 2014  #452 to home on February 21, 2014  #454 to home with Home Health on March 2014  #455 to home with Home Health on April  #456 to an Intermediate Care facility on 2014  #279 to home with Home Health on May	ch 19, I 12, 2014 April 9.	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI		ULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	I ' '			COMPLE	TĘD
		445404	B. WING	i	<u> </u>	10/02/	2014
NAME OF 1	PROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
				23	320 EAST LAMAR ALEXANDER PKWY		
BLOUNT	MEMORIAL TRANS	CARE CTR		M	IARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE CO	(XS) DMPLETION DATE
F 425 Continued From page 118			F.	425	#111 to home with Home Health on Augus 2014	st 10,	
requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death). The facility's failure was likely to place any resident who received medications at risk for					#398 to home with Home Health on Augus	st 7, 2014	
		#105 to home with Home Health on Augus 2014			st 14,		
	immediate jeopardy	<i>ł</i> .		st 8, 2014			
	The Administrator, Medical Director, Chief Medical Officer/In House Legal Counsel, Chief				nber 4,		
		d Director of Nursing were nediate Jeopardy on	! !		#411 to home on August 29, 2014		
	September 30, 201	4, at 4:00 p.m., in the	}		#238 to home on September 30, 2014		
	conference room.		Anada.		The TCC (facility) Medical Director determinesident #188, after she performed addition		
	The Immediate Jed 12, 2014 through C	pardy was effective February clober 1, 2014.		į	review of the medical record, the medicati dispensing system reports, and pharmacy that the resident did not receive Coumadir	on records, 1 as	
	An extended surve September 30, 201	y was conducted on 4, through October 2, 2014.			documented by the nurse. The nurse entrinaccurate. This staff member no longer vTCC (facility).	y was vorks at	
	Compliance to the 2014. The survey to	ed an Acceptable Allegation of survey team on October 2, team verified the actions taken			In complete review of chart, there was NC Coumadin 2 mg to be given to the residen However, an electronic request was sent pharmacy for Coumadin 2 mg. Pharmacy	t. o rejected	
		ved the jeopardy on October 2, nce continues at the "F" level.		2000	the order due to admission order clarificat "hold Coumadin". They notified TCC (facil rejection of order. The pharmacy (which g	ity) of enerates	
	The findings includ	ed:			Coumadin orders per protocol) did not gel Coumadin order for this resident. There w Coumadin withdrawn from the medication	as no	
		ty's contract with the e June 1, 2010, revealed, nation of the			dispensing system profile assigned to this The resident was discharged home to Ass Living with Hospice on April 11, 2014.		
	PharmacyEstabli profiles on each re- maintain an approp	sh and maintain accurate drug sident of FacilityProvide and priate medication			How you will identify other residents having potential to be affected by the same deficing practice and what corrective action will be	ent	
	systemWork with	emand accessories for such Facility to insure that Medical ords, treatment sheets,					
	physician order for are completed if re	ms, flow sheets and updates quested by the FacilityDuties the FacilityProvide Pharmacy					

	IT OF DEFICIENCIES	& WEDICAID SERVICES	т		O	MB NO	. 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445404	B. WING	·		10	/02/2014
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR	_	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	1 10	02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG	1X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	HE.	(X5) COMPLETION DATE
	approvals required to responsible for the adocumentation regal accordance with fed monitor its residents. Facility. Facility will with each patient an pharmacists and other regarding the patient. Telephone interview on September 30, 20 the pharmacy consulvithin seven days of weekly reviews; and reviewing the medications with the administration record medications were according to the pharmacy consultant medications with the administration record medication administration interview confirmed Finotified of a medication redication of a medication responsible of a medication responsible of a medication redication of a medication responsible of a medication redication of a medication redication of a medication redication administration redication of a medication redication redication administration redication of a medication redication redication administration redication administration of a medication re	scriptions, orders or other under federal or state lawBe administration and rding the pharmaceuticals in eral and state lawClinically drug therapies at the coordinate and communicate d his/her physicians, er health care pharmacies is needs and care"  with Pharmacy Consultant #1 014, at 9:30 a.m., confirmed thant tried to see residents admission; performed was responsible for attent tried to see residents admission; performed the did not reconcile the electronic medication and did not know if the curately transcribed to the atton record. Continued Pharmacy Consultant #1 was on error on residents #262, was not aware of the extent	F	425	Medication Administration Record (E-MAR), Electronic Treatment Administration Record (E-TAR), and Electronic Physician Order Ent (E-POE) system was abandoned immediated September 30, 2014, returning to a hand-wrip paper-based MAR, TAR, and physician order system, effective October 1, 2014. On Septe 30, 2014 through October 1, 2014. Charts an MARs of 100% of the current residents (68) violented during our conversion from electron MAR to paper MAR. In the process, the reconverse analyzed for any medication errors by the Medical Director who was on site through the conversion process.  Our initial review identified 7 residents (8 error who we thought were affected. However, on freview, one resident (MR# 425745) had previbeen notified of the error and another (one of on MR# 448221) was found not to be an error following residents were affected:  Resident MR# 475365: Omission of medicated September 14, 2014.  Resident MR# 689434: Transcription error on September 25, 2014.  Resident MR# 791005: Transcription error on September 23, 2014.	try y on tten, r ember d were nic rds he entire ors) further fously two r. The	
	(the Pharmacy also e consultants) on Octol confirmed the pharma been reconciling the i medication administra physician's orders wit administration record were only looking for allergies. Continued i	ation records against the hthe electronic medication in place. The consultants			Resident: MR# 524029: Transcription error on September 4, 2014.  Resident MR# 448221: Transcription error on September 15, 2014.  Starting September 30, 2014, additional Regis Nurses (RNs), employed by Parent Hospital (& Memorial) were assigned to TCC to complete following tasks:  • Transcribe all physician orders for every curresident to a hand-written MAR and/or TAR on September 30, 2014 for immediate use.	stered Blount the	

PRINTED: 10/15/2014 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES	7		C	<u> MB</u> NC	D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .		E CONSTRUCTION	(X3) DA	TE SURVEY
		445404	B. WING			1 40	)/02/2014
NAME OF	PROVIDER OR SUPPLIER		<del>'                                    </del>	5	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	10212014
BLOUNS	T SEEDIODIAL TOAKO	3455 000	J		320 EAST LAMAR ALEXANDER PKWY		
BLODIA	FMEMORIAL TRANS	CARE CTR	1		ARYVILLE, TN 37804		
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES		,			
PREFIX TAG	(EACH DEF!CIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	× 	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 425	Continued From page	ntinued From page 120			• 2 RNs verify accuracy of all physician orde	ers for	
		F 42	25	every current resident to a hand-written MA	R		
	system accurately, t	and/or TAR after transo October 1, 2014.		and/or TAR after transcription completed on October 1, 2014	ì	ļ	
	any knowledge of th	e inaccuracy.		7	October 1, 2014.		
	Refer to F157-L, F2	81-L, F309-L, F333-L.			<ul> <li>Provide every 12 hour chart checks to incl review of all MARs, TARs, and new physicia orders effective October 1, 2014. This proce ongoing.</li> </ul>	an	1
	February 12 through removed onsite on C Acceptable Allegatio removed the immed received and correct the surveyors through interviews, and observiews, and observiews, and compliants of compliants. Review of the facensure nursing staff	n of Compliance, which iacy of the jeopardy, was live actions were validated by the review of documents, staff evalions conducted onsite on the surveyors verified the note by:  cility's in-service records to were educated regarding			Administer all medications under the purvice two licensed nurses (RN or Licensed Practice Nurse (LPN)) effective October 1, 2014. This process is ongoing.  On October 1, 2014, the Clinical Director of contracted pharmacy was on site at the TCC facility. He worked with the facility's Informat Systems team to begin preparation for convetor a daily printed MAR to replace the handwed MARs implemented on September 30, 2014. October 1, 2014 through October 29, 2014 through Interest of the consultant pharmacist was involved in at least conferences, some on site and some via telest (see exhibit 25) to assist with evaluation of, changes, and improvements to medication management process. He also participated in refinement of nursing and pharmacy process contributed to clarification on the use of certains.	the Clion ersion ritten he st 10 ephone	** Annua - III Annua - III Annua - III Annua - III Annua - III Annua - III Annua - III Annua - III Annua - III
	included the implement Administration Record included the facility's nurses were educate being allowed to work	plan of action to ensure all d on the new system before k a shift (coordinated by the			medications, and assisted in the improvement communication between facility and pharmat provided oversight in implementation of recommended changes (see exhibit 25). He also been available by phone and email and modalities were used to contact him on sever occasions for various issues and clarification	nt of cy and has these ral	THE REAL PROPERTY OF THE PROPE
Į	education for nurses work or who were on Leave.  2. Verification of the administration system included discontinual Medication Administrimplementation of pa Administration Record	n by the facility which ion of the Electronic ation Record (EMAR) and			From October 1, 2014 through October 16, 2 the TCC Medical Director, Chief Nursing Offi (CNO), DON, Interim CE, and Clinical Director the contracted pharmacy developed a process utilizing a printed MAR established by the Pharmacy. This process is outlined in the ne "Medication Administration" policy (see exhib developed by the Associate Nurse Executive October 22, 2014, and reviewed and approve the Interim DON, CNO and Medical Director. policy was implemented October 25, 2014.	cot cer or of ss for w it 17) on ed by	

correct reconciliation to the new paper MARs.

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES			PRINTED: 10/15/201
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
	445404	B. WING		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/02/2014
RI OLINT MEMORIAL TRANS	0.155.455	ĺ	2320 EAST LAMAR ALEXANDER PKWY	
BLOUNT MEMORIAL TRANS	CARE CIR	1	MARYVILLE, TN 37804	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	I D RE COURTERON
of Nursing and Med facility documentation medication orders we paper MARs.  4. Verification through Administrator, and redocumentation the firanscription errors of current resident's medicated the firanscription errors of current resident's medicated the firanscription errors of current resident's medicated the firanscription errors of current resident's medicated the firanscription errors of current resident's medicated the firanscription and checks.  6. Verification through the firanscription of the firanscription in the firanscription of the	ugh interview with the Director ical Director, and review of on all current resident's vere accurately transcribed to ugh interview with the eview of facility acility's identification of eight during the facility's audit of all edication orders. It is a sample of active resident occurate transcription of new the paper MARs. Review of cive resident charts for the occuracy of 24 hour chart is gh observation in both orders were being the dication administration by urses with the addition of esisting to ensure the even Licensed Practical and Clerks/Certified Nursing the comprehension vices conducted by the garding the changes and a facility's new transcription dures.  Interview with the inter	F 42	Educational inservice on the "Medication	E, and tober 25, and on during on to this ). New or spolicy by earlal will e CE, ting blicy faxing all to the . These 7, 2014  Internal that the set (see from its (facility)  and ber 25, and of ation ders to do with ational

address the system changes with medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED	
NAME OF FAC	TE IT'S		5404		10/02/	/2014
	IEMORIAL TRANS CARE CTR			, CITY, STATE, ZIP CODE		
DECORT	IEMORIAL TRANS CARE CTR	2320 E	AST LAI VILE, T	MAR ALEXANDER PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY SHOULD BE PRECEDED E REGULATORY LSC IDENTIFYING INFORMA	IES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CONTROL TO THE APPROPRIATE DEFICIES	CROSS-REFERRED	(X5) COMPLETIO DATE
F 425	Continued From page 122			All clinical staff members were educated 2014 except for two staff members who vacation during this in-service and those members completed their education to the October 27, 2014 (see exhibit 5). New of will receive this education as part of their orientation packet. This educational mat updated as policy changes occur by the Calso be responsible for educating current CNAs, and WCs of policy changes when The Clinical Director of the Contract Pharmember of the TCC Medication Error/Ristarted on October 6, 2014. The TCC Me Error/Risk Team meets every Monday at includes the TCC Medical Director, TCC Hospital CMO, Hospital CNO, Consultar Hospital Associate Nurse Executive, TCC PCC, TCC CE, Hospital Risk Manager, a Quality Management Director. In addition responsibilities (see exhibit 13), the TCC Error Team/Risk Team reviews all medic occurrence reports (see exhibit 6), identifit trends from the analysis of data we enter a medication error database, and reviews th transcription audit (see exhibit 22) results. The consultant pharmacist is also a member existing Quality Assurance (QA) Commit committee meets monthly on the third Wemonth at 11:30am and includes the TCC ATCC Medical Director, DON, CE, PCCs, Services Representative, Registered Dietic Minimum Data Set (MDS) coordinator, and pharmacy consultant. The purpose of the Cality (see exhibit 14). One responsible committee is the review of medication error and evaluation of such, and providing record to correct them.  The consultant pharmacist is also a member existing quarterly TCC Advisory Committee to correct them.  The consultant pharmacist is also a member existing quarterly TCC Advisory Committee meets quarterly on the Fourth Version and evaluation of such, and providing record to correct them.	were on a two staff his policy by or contract staff in new employee terial will be CE. The CE will RNs, LPNs, a they occur.  Armacy is now a sk Team that edication 1:30pm and Administrator, at Pharmacist, C DON, TCC and Hospital in to other Medication ation lies negative in our e medication were of the tee. This ednesday of the Administrator, Social cian (RD), and the QA Committee lity of care at bility of this ors and trends ommendations were of the ee. This vednesday of the ee. This commendations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER		(X3) DAT		E CLIDVEY	
			FICATION R:	A. BUILDING B. WING		LETED	
NAME OF FAC	CILITY		5404		10/02	/2014	
BLOUNT M	TEMORIAL TRANS CARE CTR	2320 E		, CITY, STATE, ZIP CODE  MAR ALEXANDER PARKWAY  N 37804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCI (EACH DEFICIENCY SHOULD BE PRECEDED E REGULATORY LSC IDENTIFYING INFORMA	ES RY FID I	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD BE O TO THE APPROPRIATE DEFICIE	CROSS-REFERRED	(X5) COMPLETION DATE	
F 425	Continued From page 122 (a)			DON, CNO, CE, PCCs, Social Services RD, MDS coordinator, and 2 parent hos staff members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members (see exhibit 15). In this members developed the deficient practice will not recur; i.e., assurance program will be put into place.  During the consultant pharmacist's week pharmacist will audit at least 10 residents accuracy and completeness of profile. To determined based on an average admissic about 20 residents per week. The resident chosen with representatives from all units made to perform the audits within 7 days. The consultant pharmacist will perform the next three months. The consultant phareport audit findings to nursing administration of Pharmacy. The consultant phareonsultation with the TCC (facility) Medie Error/Risk team will determine the ongoin frequency and duration after the initial the period. The medication transcription audit 22) will include a review for order omissions, duplicate medication orders, the errors, and allergies on MAR. The consultant pharmacy whenever a medication error the medication transcription audit (see exinclude a review for order omissions, dose duplicate medication orders, transcription allergies on MAR.  A pharmacist will participate in the TCC A Errors/Risk team meetings. The pharmacie communicate medication management reconsultation and monthly during QA meetings whenedication errors and medication reconcilities and monthly during QA meetings whenedication errors and medication reconcilities and monthly during QA meetings whenedication errors and medication reconcilities and monthly during QA meetings whenedication errors and medication reconcilities and monthly during QA meetings whenedication errors and medication reconcilities.	pital medical secting, the cation  nitored to ensure what quality  ly visit, the s' MARs for his number was on volume of ts audited are s and efforts are of admission. his audit over armacist will ation and armacist, in ication and armacist, in ication and armacist, in ication station to see exhibit ons, dose ranscription tant pharmacist ministration N will notify or is reported.  hibit 22) will comissions, errors, and  Medication st will ommendations on Error/Risk here		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLOUNT MEMORIAL TRANS CARE CTR 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY F 425 Continued From page 122 Continued From Page 122(b) F 425 administration. Verification through observation and interview with ward clerks and registered nurses the facility discontinued the process of entering physician orders electronically by the ward clerks. 11. Verification through observation faxed medication orders were reconciled in real time. 12. Verification by interview with the Director of Pharmacy Vendor the pharmacy consultant will reconcile new medication orders weekly. Non-compliance continues at an "F" level for monitoring the effectiveness of corrective actions and evaluation of monitoring by the Quality Assurance Committee. The facility is required to submit a plan of correction. c/o #34603 F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT F 428 F428 10/31/2014 SS=L IRREGULAR, ACT ON What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The drug regimen of each resident must be reviewed at least once a month by a licensed The medication errors of residents #262, #457, pharmacist. #188, #453, #452, #454, #455, #456, #279, #111, #398, #105, #197, #23, #411, #238 have been additionally reviewed by the Transitional Care The pharmacist must report any irregularities to Center (TCC) (facility) Medical Director and the attending physician, and the director of Nursing Leadership Team (created October 7, nursing, and these reports must be acted upon. 2014). The Nursing Leadership Team meets at 8:00am Monday through Friday and is attended by

This REQUIREMENT is not met as evidenced

Based on review of pharmacy contract, review of facility investigations, medical record review, interview, and review of facility policy, the

function.

the TCC Administrator, Director of Nursing (DON), Patient Care Coordinators (PCCs), Clinical Educator (CE), and Medical Director at her discretion or as requested. The Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Medical Director have attended daily to ensure the

Nursing Leadership Meeting is accomplishing its

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				MAPPROVE	
JSTATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		445404	B. WING		J		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	10	/02/2014	
BLOUN'	T MEMORIAL TRANS	CARE CTR	1	2320 EAST LAMAR ALEXANDER PKW			
			_	MARYVILLE, TN 37804			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
	reviews to prevent the inaccurate medication of physics. The failure resulted placed sixteen resided #453, #452, #454, #4105, #197, #23, #4 residents reviewed for limmediate Jeopardy facility's noncomplian requirements of part likely to cause, serio or death). The facility any resident who recommediate Jeopardy. The Administrator, Modical Officer/In Housing Officer, and informed of the Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The Immediate Jeopardy. The facility submitted Compliance to the surgery the facility removed by the facility removed.	provide accurate drug regimente systemic failure of on transcription and dian orders for medications. In medication errors and ents (#262, #457, #188, 455, #456, #279, #111, #398, 11, #238) of twenty-four or medication errors in (a situation in which the noce with one or more icipation has caused, or is us injury, harm, impairment its failure was likely to place eived medications at risk for edical Director, Chief puse Legal Counsel, Chief Director of Nursing were ediate Jeopardy on at 4:00 p.m., in the eardy was effective February ober 1, 2014.	F 42	During this meeting, a general review occurrences including medication error ensuring appropriate notification has be completed is discussed (see exhibit 7) the residents suffered a prolonged or production from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication error condition from the noted medication of the provided error condition from the noted from the hospital skilled nursing facility from which she is discharged to home on March 31, 2014  #453 to home on March 31, 2014  #454 to home with Home Health on March 2014  #455 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 279 to home with Home Health on August 270 to home with Home Health on September 270 to home with Home Health on September 270 to home on August 279, 2014	ors and been  None of permanent rrors.  cated below: duly 25, 2014, to a second ater was  arch 24,  arch 19,  ril 12, 2014  April 9,  y 8, 2014  gust 10,  gust 7, 2014  gust 14,  aust 8, 2014  ember 4,		
ר	The findings included:	:		#238 to home on September 30, 2014 To (facility).	CC .		
F	Review of the facility's	contract with the					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 428 Continued From page 124 The TCC (facility) Medical Director determined for F 428 resident #188, after she performed additional pharmacy, effective June 1, 2010, revealed, review of the medical record, the medication ...Duties and Obligation of the dispensing system reports, and pharmacy records, that the resident did not receive Coumadin as Pharmacy...Establish and maintain accurate drug documented by the nurse. The nurse entry was profiles on each resident of Facility... Provide and inaccurate. This staff member no longer works at maintain an appropriate medication administration system...and accessories for such In complete review of chart, there was NO order for system...Work with Facility to insure that Medical Coumadin 2 mg to be given to the resident. However, an electronic request was sent to Administration Records, treatment sheets, pharmacy for Coumadin 2 mg. Pharmacy rejected physician order forms, flow sheets and updates the order due to admission order clarification for are completed if requested by the Facility...Duties "hold Coumadin". They notified TCC (facility) of rejection of order. The pharmacy (which generates and Obligations of the Facility...Provide Pharmacy Coumadin orders per protocol) did not generate a with all required prescriptions, orders or other Coumadin order for this resident. There was no approvals required under federal or state law...Be Cournadin withdrawn from the medication responsible for the administration and dispensing system profile assigned to this resident. The resident was discharged home to Assisted documentation regarding the pharmaceuticals in Living with Hospice on April 11, 2014. accordance with federal and state law...Clinically monitor its residents' drug therapies at the How you will identify other residents having the Facility. Facility will coordinate and communicate potential to be affected by the same deficient practice and what corrective action will be taken; with each patient and his/her physicians, pharmacists and other health care pharmacies All residents in TCC (facility) were considered to regarding the patient's needs and care..." have the potential to be affected. The Electronic Medication Administration Record (E-MAR), Electronic Treatment Administration Record Review of facility investigations for sixteen (E-TAR), and Electronic Physician Order Entry residents (#262, #457, #188, #453, #452, #454, (E-POE) system was abandoned immediately on #455, #456, #279, #111, #398, #105, #197, #23, September 30, 2014, returning to a hand-written, paper-based MAR, TAR, and physician order #411, and #238) revealed a pattern of medication system, effective October 1, 2014. On September errors as a result of inaccurate transcription and 30, 2014 through October 1, 2014, charts and failure to verify medication records with written MARs of 100% of the current residents (68) were physician's orders (medication reconciliation), reviewed during our conversion from electronic resulting in errors of medications being MAR to paper MAR, in the process, the records administered for the wrong duration, in excessive were analyzed for any medication errors by the Medical Director who was on site through the entire dosages, omission of medications, and conversion process.

physician.

administering medications not prescribed by the

Telephone interview with pharmacy consultant #1

the consultant was aware of the medication error

involving resident #262 and resident #197 on July

on September 25, 2014, at 2:45 p.m., revealed

Our initial review identified 7 residents (8 errors)

been notified of the error and another (one of two

following residents were affected:

on MR# 448221) was found not to be an error. The

who we thought were affected. However, on further review, one resident (MR# 425745) had previously

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING\_ COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 428 Continued From page 125 Resident MR# 475365: Omission of medication on F 428 September 14, 2014. 25, 2014, and was asked by the facility for drug interaction guidance. The consultant provided Resident MR# 483234: Transcription error on drug interaction information to the Clinical September 18, 2014, Educator/Quality Assurance Nurse and the Resident MR# 689434: Transcription error on Director of Nursing. The pharmacy consultant September 25, 2014. was also aware of a Warfarin medication error Resident MR# 791005: Transcription error on with resident #188, but was not aware of the September 23, 2014. medication errors detailed in the other thirteen facility investigations. The Pharmacy Consultant Resident; MR# 524029: Transcription error on confirmed the thirteen investigations were not September 4, 2014. reviewed during the the quarterly advisory board Resident MR# 448221: Transcription error on meetings. September 15, 2014. Telephone interview with Pharmacy Consultant #1 Starting September 30, 2014, additional Registered Nurses (RNs), employed by Parent on September 30, 2014, at 9:30 a.m., confirmed Hospital (Blount Memorial) were assigned to TCC the pharmacy consultant did not reconcile the to complete the following tasks: medications with the electronic medication administration record and did not know if the Transcribe all physician orders for every current resident to a hand-written MAR and/or TAR on medications prescribed by the physician were September 30, 2014 for immediate use. accurately transcribed on the medication administration records. 2 RNs verify accuracy of all physician orders for every current resident to a hand-written MAR and/or TAR after transcription completed on Interview with Pharmacy Consultant #1 on October 1, 2014. September 29, 2014, at 2:35 p.m., in the Clinical Educator/Quality Assurance Nurse's office, Provide every 12 hour chart checks to include confirmed no communication from the facility had review of all MARs, TARs, and new physician orders effective October 1, 2014. This process is been forwarded on the medication errors for ongoing. residents #457, #453, #452, #454, #455, #456, #279, #111, #398, #105, #23, #411, or #238. The Administer all medications under the purview of pharmacy consultant stated "...attend quarterly two licensed nurses (RN or Licensed Practical Nurse (LPN) effective October 1, 2014. This advisory board meetings, last meeting was process is ongoing. August 27, 2014, where antidepressants, hypnotics, Coumadin, dosages were discussed, On October 1, 2014, the Clinical Director of the

and outliers and percentages of medications

The Immediate Jeopardy was effective from

Refer to F157-L, F281-L, F309-L, F333-K, F425-L

within range were discussed..."

contracted pharmacy was on site at the TCC facility. He worked with the facility's Information

MARs implemented on September 30, 2014.

Systems team to begin preparation for conversion to a daily printed MAR to replace the handwritten

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY F 428 Continued From page 126 From October 1, 2014 through October 29, 2014 F 428 the consultant pharmacist was involved in at least February 12 through October 1, 2014, and was 10 conferences, some on site and some via removed onsite on October 2, 2014. An telephone (see exhibit 25) to assist with evaluation Acceptable Allegation of Compliance, which of, changes, and improvements to medication management process. He also participated in removed the immediacy of the jeopardy, was refinement of nursing and pharmacy processes, received and corrective actions were validated by contributed to clarification on the use of certain the surveyors through review of documents, staff medications, and assisted in the improvement of interviews, and observations conducted onsite on communication between facility and pharmacy and provided oversight in implementation of October 2, 2014. The surveyors verified the recommended changes (see exhibit 25). He has allegation of compliance by: also been available by phone and email and these modalities were used to contact him on several 1. Review of the facility's in-service records to occasions for various issues and clarifications. ensure nursing staff were educated regarding From October 1, 2014 through October 16, 2014, changes for medication administration which the TCC Medical Director, Chief Nursing Officer included the implementation of paper Medication (CNO), DON, Interim CE, and Clinical Director of Administration Records (MARs). Review the contracted pharmacy developed a process for utilizing a printed MAR established by the included the facility's plan of action to ensure all Pharmacy. nurses were educated on the new system before being allowed to work a shift (coordinated by the This process is outlined in the new "Medication Administration" policy (see exhibit 17) developed by Director of Nursing), and the facility's plan for the Associate Nurse Executive on October 22, education for nurses who were not scheduled to 2014, and reviewed and approved by the Interim work or who were on vacation or Family Medical DON, CNO and Medical Director. This policy was Leave. implemented October 25, 2014. Educational in-service (see exhibit 5)on the "Medication 2. Verification of the new medication Administration" policy (see exhibit 17) was administration system by the facility which conducted by the Interim DON, Interim CE, and included discontinuation of the Electronic PCCs from October 22, 2014 through October 25, Medication Administration Record (EMAR) and 2014, and included all RNs, LPNs, CNAs, and WCs. implementation of paper Medication Administration Records. Verification included Two staff members were on vacation during this review reconciling new physician's orders and the in-service and completed the education to this correct reconciliation to the new paper MARs. policy by October 27, 2014 (see exhibit 5). New or contract staff will receive education to this policy Verification through interview with the Director (see exhibit 17) as part of their new employee

paper MARs.

of Nursing and Medical Director, and review of

medication orders were accurately transcribed to

documentation the facility's identification of eight

transcription errors during the facility's audit of all

facility documentation all current resident's

4. Verification through interview with the Administrator, and review of facility

orientation packet. This educational material will

As of October 17, 2014, TCC WCs began faxing all

orders to the pharmacy for transcribing on to the

new printed version of the residents' MAR.

be updated as policy changes occur by the CE.

The CE will also be responsible for educating current RNs, LPNs, CNAs, and WCs of policy

changes when they occur.

STATEMEN	IT OF DEFICIENCIES	WAY PROVIDED OF THE	· · · · · · · · · · · · · · · · · · ·		OMB NO	D. 0938-0391
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION VG	(X3) D/	TE SURVEY
		445404	B. WING_			2/02/2044
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL		0/02/2014
BLOUN.	T MEMORIAL TRANS	CARE CTP	1	2320 EAST LAMAR ALEXANDER PKW		
		ZANE OIK		MARYVILLE, TN 37804	•	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	GI '	PROVIDER'S PLAN OF CORRE	FOTION	
PREFIX TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	-YOULD BE	COMPLETION DATE
	charts to verify the a physician's orders to random sample of a completeness and a checks.  6. Verification through transcribed by Register of Nurses (two on main floor) of met Licensed Practical Nurses (two on main floor) of met Licensed Practical Nurses a accuracy of administ 8. Verification through Registered Nurses, and three W Assistants to determine gained through in-ser Director of Nursing resimplementation of the and verification proces 9. Verification through Administrator, Medical Officer, Risk Manage Nursing, and Director their participation in rigaddress the system conditions through the process of the	dom sample of active resident accurate transcription of new the paper MARs. Review of ctive resident charts for the ccuracy of 24 hour chart agh observation in both orders were being tered Nurses only. Igh observation of 3 Licensed on the ground floor and one dication administration by urses with the addition of sisisting to ensure the ered medications. In the comprehension revices conducted by the egarding the changes and a facility's new transcription dures. In interview with the all Director, Chief Nursing ment Team, Director of of the Pharmacy Vendor of sk management meeting to hanges with medication we egistered nurses the facility ess of entering physician by the ward clerks.	F 42	These printed MARs was in the Late	an accurate ders sent will ensure of each or what sure that the der set (see daily from its CC (facility) n.  vas CE, and October 25, As, and ation ormation or orders to ewed with educational wered.  d by the embers vice and dir education exhibit 5). It to be considered to be considered to be considered.  This policy its be considered to be considered to be considered to be considered.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1)PROVIDER/SUP PLIER		A DIM PRIS CONSTRUCTION (X3) DAT		
			IFICATION R:	A. BUILDINGB, WING	COMPI	
NAME OF FAC	CILITY		5404		10/02/	/2014
	IEMORIAL TRANS CARE CTR	1		S, CITY, STATE, ZIP CODE		
		IMARY	VVILE 1	MAR ALEXANDER PARKWAY IN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMA	ES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	ROSSREEEDDED	(X5) COMPLETIC DATE
F 428	Continued From page 128		F 428	The TCC Medication Error/Risk Team in Monday at 1:30pm and includes the TCC Director, TCC Administrator, Hospital CCNO, Consultant Pharmacist, Hospital A Executive, TCC DON, TCC PCC, TCC (Risk Manager, and Hospital Quality Man Director. In addition to other responsibility), the TCC Medication Error Team/Ris reviews all medication occurrence reports 6), identifies negative trends from the anawe enter in our medication error database the medication transcription audit (see extresults.  The consultant pharmacist is also a member existing Quality Assurance (QA) Committed meets monthly on the third Womonth at 11:30am and includes the TCC ATCC Medical Director, DON, CE, PCCs, Services Representative, Registered Dietic Minimum Data Set (MDS) coordinator, and pharmacy consultant.  The purpose of the QA Committee is to proversight for the quality of care at the facility exhibit 14). One responsibility of this commeview of medication errors and trends and such, and providing recommendations to committee meets quarterly on the Fourth Withe month at 7:00am and includes the TCC Administrator, TCC Medical Director, DO PCCs, Social Services Representative, RD, coordinator, and 2 parent hospital medical members (see exhibit 15). In this meeting, therements and adverse events.	C Medical CMO, Hospital associate Nurse CE, Hospital agement ties (see exhibit alysis of data and reviews hibit 22)  ber of the ttee. This exhestay of the Administrator, Social cian (RD), and the  covide general lity (see mittee is the allevaluation of orrect them.  er of the ee. This vednesday of N, CNO, CE, MDS staff the consultant	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF FACILITY  BLOUNT MEMORIAL TRANS CARE CTR		(X1)PROVIDER/SUP PLIER IDENTIFICATION NUMBER: 445404 STREET ADDRESS,		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING S, CITY, STATE, ZIP CODE	(X3) DATE SURVEY COMPLETED 10/02/2014	
	TEMORIAL TRANS CARE CTR	2320 E MARY	EAST LA	MAR ALEXANDER PARKWAY IN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	S V Boro	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE APPROPRIATE DEFICIENT	ROSS-REFERRED	(X5) COMPLETIO DATE
F 428	Continued From page 128 (a)		F 428	How the corrective action(s) will be monthe deficient practice will not recur; i.e., assurance program will be put into place.  During the consultant pharmacist's week pharmacist will audit at least 10 residents accuracy and completeness of profile. The determined based on an average admission about 20 residents per week. The residents chosen with representatives from all units made to perform the audits within 7 days. The consultant pharmacist will perform the next three months. The consultant pharmacist will perform the next three months. The consultant pharmacist clinical Director of the contracted Pharmaconsultant pharmacist, in consultation wit (facility) Medication Error/Risk team will ongoing audit frequency and duration after three (3) month period.  The medication transcription audit (see exinclude a review for order omissions, dose duplicate medication orders, transcription allergies on MAR. The consultant pharmacing irregularities to nursing administration physician. TCC (facility) RN will notify the whenever a medication error is reported.  The medication transcription audit (see exinclude a review for order omissions, dose duplicate medication orders, transcription allergies on MAR.  A pharmacist will participate in the TCC Metrors/Risk team meetings. The pharmacist communicate medication management recommunicate medication management recommunicate medication management recommunicate medication errors and medication reconciliation errors and medication reconciliations.	ly visit, the s' MARs for his number was on volume of its audited are s and efforts are of admission, his audit over armacist will ation and acy. The the TCC determine the cr the initial comissions, errors, and cist will report and attending he pharmacy hibit 22) will comissions, errors, and cist will comissions.	

STATEMEN	NT OF DEFICIENCIES	(XI) BROWDERICH PROFITE			OMB N	O. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDI	FIPLE CONSTRUCTION  NG	(X3) D	ATE SURVEY OMPLETED
ļ	<u> </u>	445404	B. WING			
ł	PROVIDER OR SUPPLIER T MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP COD 2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804	Œ	0/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	40141 D BE	COMPLETION DATE
F 428	Non-compliance co monitoring the effect and evaluation of m	ge 128 cation orders weekly. ntinues at an "F" level for ctiveness of corrective actions onitoring by the Quality lee. The facility is required to	F 42	Continued From 128(b)		:
F 490 SS=L	c/o #34603 483.75 EFFECTIVE ADMINISTRATION/ A facility must be ad enables it to use its efficiently to attain or	RESIDENT WELL-BEING  ministered in a manner that resources effectively and remaintain the highest mental, and psychosocial	F 490	F490 EFFECTIVE ADMINISTRATION/RESII WELL-BEING What corrective action(s) will be accommodate those residents found to have been affected deficient practice; The medication errors of residents #26: #188, #453, #452, #454, #455, #456, # #398, #105, #197, #23, #411, #238 have additionally reviewed by the Transitional	nplished for ected by the 2, #457, 1279, #111,	10/31/2014
	by: Based on medical reand procedures review investigations, and in be administered in a were free of medicatifailure to address system administration placed #457, #188, #453, #4 #111, #398, #105, #1 twenty-four residents errors in Immediate Julie facility's noncomprequirements of participation of death). The facility's death in the facility's regular to cause, serious or death.	ecord review, facility policy ew, review of facility failed to manner to ensure residents on errors. The facility's stemic failures for medication I sixteen residents (#262, 52. #454, #455, #456, #279, 97, #23, #411, #238) of reviewed for medication eopardy (a situation in which liance with one or more cipation has caused, or is s injury, harm, impairment s failure was likely to place elived medications at risk for		Center (TCC) (facility) Medical Director Nursing Leadership Team (created Oct 2014). The Nursing Leadership Team in 8:00am Monday through Friday and is a the TCC Administrator, Director of Nursing Patient Care Coordinators (PCCs), Clin Educator (CE), and Medical Director at discretion or as requested. The Chief M Officer (CMO), Chief Nursing Officer (CM Medical Director have attended daily to Nursing Leadership Meeting is accomplifunction. During this meeting, a general occurrences including medication errors ensuring appropriate notification is discuexhibit 7). None of the residents suffere prolonged or permanent condition from the medication errors.  Each resident was discharged as indicative the same sufficed from the hospital to skilled nursing facility from which she lated discharged to home in good condition.	and ober 7, neets at attended by ing (DON), ical her ledical NO), and ensure the ishing its review of and ussed (see ad a the noted led below:	

PRINTED: 10/15/2014 FORM APPROVED

	CTATE (C)	TOT ON WEDICARE	& MEDICAID SERVICES			Cot Cot	AN APPROVE	
	AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO	LTIPLE CONSTRUCTION DING	(X3) E	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
ļ			445404	B. WING	<b>i_</b> _			
		PROVIDER OR SUPPLIER  MEMORIAL TRANS	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP COE 2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804	DE "	10/02/2014	
	(X4) ID PREFIX TAG	CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTRYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SE	40UID BE	(X5) COMPLETION DATE	
	transfer of the state of the st	Medical Officer/In His Nursing Officer, and informed of the Immiser September 30, 2014 conference room.  The Immediate Jeop 12, 2014 through Oc An extended survey of September 30, to Oc The facility submitted Compliance to the survey teap the facility removed 2014. The survey teap the facility removed 2014. Noncompliance of the findings included interview with the Administration errors. Compliance of the Administrator state were more of an individual and the transcription and verification errors of the transcription and verification errors of the transcription and verification errors of the corders were correctly from the ectronic MAR, #2. The orders were correctly Checklist double-classcription errors. F	Medical Director, Chief Duse Legal Counsel, Chief Director of Nursing were ediate Jeopardy on at 4:00 p.m., in the ardy was effective February tober 1, 2014.  was conducted on tober 2, 2014.  an Acceptable Allegation of rvey team on October 2, am verified the actions taken of the jeopardy on October 2, and the jeopardy on October 2, a continues at the "F" level.  Ininistrator on September 30, at the conference room, rator was aware of the interview revealed and the medication errors dual problem, and "have dividual basis" Further Administrator stated there have step process of pation of physician's orders inscribing physic	F 4	#457 to home on March 31, 2014	rich 19, ril 12, 2014 I April 9, y 8, 2014 gust 10, gust 7, 2014 gust 14, ust 8, 2014 ember 4, mined for ional tion y records, in as try was works at		
_		a don't mink we have	come down to a clear		THE STATE OF THE S		ł	

STATEME	NT OF DEFICIENCIES	WINDICAID SERVICES				MB NO	D. 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DA	TE SURVEY
		445404	B. WING	·		] .	
	PROVIDER OR SUPPLIER	CARE CTR	<u> </u>	2	ETREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	<u>1 76</u>	)/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
	problem" The Adinurses who made the informed/re-educate Further interview control identified a trend occurrence of medical Refer to F157-L, F28 F425-L, F428-L  The Immediate Jeop February 12 through removed onsite on CAcceptable Allegation removed the immediate received and correction the surveyors through interviews, and observi	withe root cause of the ministrator stated individual ne medication errors not being at was "a problem" infirmed the Administrator had with the repeated ration errors.  31-L, F309-L, F333-L, and was october 1, 2014, and was october 2, 2014. An of Compliance, which acy of the jeopardy, was review of documents, staff revations conducted onsite on e surveyors verified the nace by:  willty's in-service records to were educated regarding on administration which intation of paper Medication dis (MARs). Review plan of action to ensure all d on the new system before a shift (coordinated by the and the facility's plan for who were not scheduled to wacation or Family Medical new medication	F4		Pharmacy rejected the order due to admission order clarification for "hold Coumadin". They notified TCC (facility) of rejection of order. The pharmacy (which generates Coumadin order protocol) did not generate a Coumadin with different the medication dispensing system profit assigned to this resident. The resident was discharged home to Assisted Living with Hoson April 11, 2014.  The Administrator has received disciplinary a October 24, 2014 in the form of probation. The details of this action are on file for review.  The DON was suspended on October 10, 20 and, as of October 17, 2014 was no longer employed at TCC (facility). The CE was suspended to the complex of the interim CE was a suspended on October 17, 201 no longer employed at TCC (facility). The CE was suspended on October 10, 2014 and, as of October 17, 201 no longer employed at TCC (facility). The CE was suspended on October 17, 2014 no longer employed at TCC (facility). The CE was suspended on October 17, 2014 and a Clinical Director from Blount Memorial Hospital provided nursing clinical leadership the interim DON and the interim CE were appon October 17, 2014.  How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taked to have the potential to be affected. The Elect Medication Administration Record (E-MAR), Electronic Treatment Administration Record (E-TAR), and Electronic Physician Order Enting (E-POE) system was abandoned immediately September 30, 2014, returning to a hand-writt paper-based MAR, TAR, and physician order system, effective October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014. On Septen 30, 2014 through October 1, 2014, charts and medication administration records (MARs) of 10 of	on / he rs per r for rawn le spice action he s	
, <b>i</b>	included discontinuatio	on of the Electronic tion Record (EMAR) and		\ \ \ \ \ \ \	Our initial review identified 7 residents (8 error: who we thought were affected.	s)	

STATI	EMENT OF DEFICIENCIES	(X1) PROVIDED SERVICES	<del></del>			OMB N	O. 0938-039
AND	PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
<u> </u>		445404	B. WING	3			0.000.000
NAM	E OF PROVIDER OR SUPPLIER		<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	0/02/2014
BLC	OUNT MEMORIAL TRANS	04D# 07B			2320 EAST LAMAR ALEXANDER PKWY		
		CARECIR			MARYVILLE, TN 37804		
(X4	) ID SUMMARY STA	TEMENT OF DEFICIENCIES	·	Ц.	· · · · · · · · · · · · · · · · · · ·		
PRI	EFIX (EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	inec	(X5) COMPLETION DATE
F	review reconciling neorrect reconciliations.  3. Verification through a content and facility documentation medication orders with paper MARs.  4. Verification through a review of Report modified to report modified to report modified to report modification of residents.  5. Verification through a resident and reduction the facility documentation the facility documentation resident's family, and the errors. Verification Medical Director of in assess resident's state error, and provide claim eeded.  6. Review of a randicharts to verify the accompleteness and accompleteness and accompleteness and acchecks.  7. Verification through a resident with through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and through the resident and the resident and through the resident and thr	ords. Verification included new physician's orders and the n to the new paper MARs. ugh interview with the Director ical Director, and review of on all current resident's were accurately transcribed to ugh interview with Director of of the Medication Occurrence equire the date and time of nt and/or family of medication ugh interview with the eview of facility audit of all edication orders. Review of n verified residents or a physician were notified of on through interview with the nmediate intervention to alus after identification of the arification orders where the paper MARs. Review of tive resident charts for the couracy of 24 hour chart of the orders were being pered Nurses only. In observation of 3 Licensed on the ground floor and one	FZ		However, on further review, one resident	ron on egistered al (Blount mplete eurrent on 2014	
	Licensed Practical Nu Registered Nurses as:	ication administration by rses with the addition of sisting to ensure the		:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		A PLUI DRIG	(X3) DATE SURVEY COMPLETED		
NAME OF FACILITY		445404		CITY STATE OUR GOD	10/02/2014		
BLOUNT N	MEMORIAL TRANS CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE  2320 EAST LAMAR ALEXANDER PARKWAY				
(X4) ID		LMARI	YVILE,	TN 37804			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED B' REGULATORY LSC IDENTIFYING INFORMAT	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	ROSS-REFERRED	(X5) COMPLETIC DATE	
F 490	Continued From page 132		F 490	• Provide every 12 hour chart checks to in of all MARs, TARs, and new physician of October 1, 2014. This process is ongoing • Administer all medications under the pulicensed nurses (RN or Licensed Practical effective October 1, 2014. This process is What measures will be put into place or we changes you will make to ensure that the opractice does not recur;  Initial education on the transcription and oprocess (see exhibit 16) was completed by September 30, 2014 during a face to face of session with all RNs and LPNs present that subsequent shifts on September 30, 2014 at 2014, the Director of Nursing reviewed the Compliance and the process for transcribit verifying MARs and TARs, chart check process for transcribit verifying MARs and TARs, chart check process (See exhibit 16).  From October 1, 2014 through October 16, TCC Medical Director, CNO, Interim DON and Clinical Director of the contract pharm developed a process for utilizing a printed established by the pharmacy. Beginning on 2014 the TCC (facility) now receives a prinfrom the pharmacy every day for the next 2 period. These MARs are reviewed by two accuracy prior to use for medication pass by (facility) nurses (RNs or LPNs). This procoutlined in the "Medication Administration exhibit 17). This policy was a new policy the created, reviewed, and discussed on Octobe with approval by the Interim DON, CNO, A Nurse Executive, and Medical Director and describes the transcription and verification of This policy was implemented October 25, 2	arview of two I Nurse (LPN)) songoing.  What systemic deficient  Werification the CNO on educational at shift. For the and October 1, e Allegation of an and rocess, and ach shift's RNs  2014 the N, Interim CE, laccy MAR 1 October 17, and MAR 24 hour RNs for y TCC ess is " policy (see hat was er 22, 2014 Associate this policy		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED		
NAME OF FACILITY		445404 STREET ADDRESS		S, CITY, STATE, ZIP CODE	10/02/2014		
BLOUNT MEMORIAL TRANS CARE CTR		2320 E	2320 EAST LAMAR ALEXANDER PARKWAY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	S	FILL DESCRIPTION PROVIDER SPLAN OF CORRECTION			(X5) COMPLETIC DATE	
F 490	Continued From page 132 (a)	JEDED BY FULL IFORMATION)		Educational in-service (see exhibit 4) on "Medication Administration" policy was Interim DON, Interim CE, and PCCs from 2014 through October 25, 2014, and incl. LPNs, Certified Nurse Assistants (CNAs Clerks (WCs). Two staff members were during this in-service and completed their exhibit 5) to this policy by October 27, 20 contract staff will receive education to the exhibit 17) as part of their new employee packet. This educational material will be policy changes occur by the CE. The CE responsible for educating current RNs, LI and WCs of policy changes when they occur by the CE as set forth in the "Lippincott Ma Nursing Practice, 10th Edition, 2014," nurbeen educated to adhere to TCC (facility) procedures regarding medication transcrip verification, administration, and error repeducation was conducted October 22, 201 October 25, 2014. It was administered by Interim DON, and the PCCs. Education was signature. Materials provided to nursing st the Nursing Education Packet (see exhibit clarification and instructional memos (see The week of October 27, 2014 a separate F packet (see exhibit 19) was provided for cland reinforcement of previous education. This was on site as of October 29, 2014. The cor be on site 8 hours a day, 5 days a week. He the current Administrator which consists of forward recommendations to improve the Administrator's effectiveness. This evaluation.	conducted by m October 22, luded all RNs, ), and Ward on vacation reducation (see 014. New or is policy (see orientation updated as will also be PNs, CNAs, cur.  nal nursing must of resing staff has policies and of the control of t		

STATEMEN	T OF BERICIPAGING			_		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF FACILITY  BLOUNT MEMORIAL TRANS CARE CTR				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2014	
				S, CITY, STATE, ZIP CODE		
		2320 E	2320 EAST LAMAR ALEXANDER PARKWAY MARYVILE, TN 37804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMA	E\$	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CTO THE APPROPRIATE DEFICIENT	ROSS-REFERRED	COMPLETIO DATE
F 490	Continued From page 132 (b)		F 490	will take place over a maximum of 60 datime, weekly meetings will occur with the consultant, and the Administrator to revie performance (see exhibit 27). The purpose consultant's evaluation is to ensure that the Administrator can effectively carry out the on site Licensed Nursing Home Administ consultant and the CNO do not feel, at the evaluation period, that the current Admin effectively perform these duties, a new hite Administrator will be hired.  How the corrective action(s) will be monitate deficient practice will not recur; i.e., we assurance program will be put into place.  Beginning October I, 2014 only RNs have permitted to transcribe medication and tree On October 10, 2014, Hospital Quality Maximum Department began performing audits (see 100% of the facility's residents' charts each ensure that the following processes are consured that the following processes are consured that the following processes are consured that the following review of all MARs, The new physician orders  * Two licensed nurses have reviewed every administered to every resident  If the Quality Management Department find deficiencies during their audits, they common to the DON. Deviations from these practice October 27, 2014 will result in employee reand/or disciplinary action by the DON.	e CNO, the ew that week's se of the he current he duties of the trator. If the e end of the istrator can ghly qualified  tored to ensure what quality  e been atment orders. anagement exhibit 20) of ch day to mpleted: physician  very resident CARs, and  ds tunicate these es as of	

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	PLIER	OVIDER/SUP IFICATION R:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE COMPI	SURVEY LETED
		44	5404			
NAME OF FAC				S, CITY, STATE, ZIP CODE	10/02/	2014
BLOUNT N	IEMORIAL TRANS CARE CTR	,		MAR ALEXANDER PARKWAY		
(X4) ID	Cun de constant	IMARN	VILE, T	N 37804		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCH (EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMAT	ES Venn	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CONTROL TO THE APPROPRIATE DEFICIES	ROSS DEFENDED	(XS) COMPLET DATE
F 490	Continued From page 132 (c)			The TCC Medication Error/Risk Team by October 6, 2014, and was tasked to evaluate with the process defined in the policy "Madministration" (see exhibit 17). This team edication error occurrences, and review error rates in the weekly meeting. Error determined by the number of medication month divided by the total number of dos administered that month. The goal is to have medication errors, but in the event an error team ensures that a robust investigation a ensues.  The TCC Medication Error/Risk Team madmonday at 1:30pm and includes the TCC Director, TCC Administrator, Hospital Classification, TCC Administrator, Hospital Associate Executive, TCC DON, TCC PCC, TCC Class Manager, and Hospital Quality Mana Director. In addition to other responsibilite 13), the Medication Error Team/Risk Team medication occurrence reports (see exhibit negative trends from the analysis of data with megative trends from the analysis of data with medication error database, and reviews the Quality Management audit results weekly, also discuss any Safety Hotline calls made medication errors or medication administrator processes at TCC. This Hotline is used to a conditions affecting clinical resident safety care issues including medication errors or Calls may be left anonymously or callers in contact information. The calls are transcrib Quality management Department at the horeviewed individually by the Hospital Risk the CMO. The Hospital Safety Hotline phoposted in staff work areas.  Beginning October 27, 2014, a systematic prequency will be followed (see exhibit 21)	late compliance dedication am evaluates all vs medication rates are errors per ses ave no or occurs, this nd evaluation  eets every Medical MO, CNO, e Nurse E, Hospital agement ies (see exhibit m reviews all t 6), identifies we enter in our e Hospital The team will concerning ation report or quality of concerns. nay leave bed by the spital and Manager and one number is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(AZ) MOLTIPLE CONSTRUCTION	COMPLETED	
NAME OF FAC	THITY	44	5404		10/02	/2014
	IEMORIAL TRANS CARE CTR			S, CITY, STATE, ZIP CODE		
		IMARY	SAST LA VVILE 1	MAR ALEXANDER PARKWAY FN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC	ROSS-REFERRED	(X5) COMPLETIO DATE
F 490	Continued From page 132 (d)		F 490	The contracted Licensed Nursing Home will evaluate the current Administrator we putting forward recommendations to imp Administrator's effectiveness. This evaluation are consultant, and the Administrator to revie performance (see exhibit 27). The purpose consultant's evaluation is to ensure that it Administrator can effectively carry out the on site Licensed Nursing Home Administ consultant and the CNO do not feel, at the evaluation period, that the current Admin effectively perform these duties, a new his Administrator will be hired.	which consists of prove the lation will take g that time, O, the lation will take see of the lation the current lation. If the lation of the listrator, can	

STATEME AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE	(X3) DATE SURVEY COMPLETED	
<u> </u>		445404	B. WING	)			
BLOUN	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2320 EAST LAMAR ALEXANDER PKW MARYVILLE, TN 37804	DE	2/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETIQU DATE	
F 490	accuracy of adminis 9. Verification through Registered Nurses, Nurses, and three Wassistants to determ gained through in-se Director of Nursing r implementation of th and verification proce 10. Verification through Administrator, Medic Officer, Risk Manage Nursing, and Directo their participation in r address the system of administration, and ir ongoing quality assur 11. Verification through with ward clerks and discontinued the procorders electronically in 12. Verification through medication orders we 13. Verification by interest.	tered medications.  ugh interviews with nine seven Licensed Practical /ard Clerks/Certified Nursing ine the comprehension rvices conducted by the egarding the changes and e facility's new transcription edures.  gh interview with the all Director, Chief Nursing ement Team, Director of r of the Pharmacy Vendor of isk management meeting to changes with medication evolvement of all parties in rance.  gh observation and interview registered nurses the facility ress of entering physician by the ward clerks.  gh observation faxed re reconciled in real time.	F 4	Continued From Page 132(e)			
F 493 SS=L	Non-compliance conti monitoring the effective and evaluation of more Assurance Committee submit a plan of corre 483.75(d)(1)-(2) GOV POLICIES/APPOINT / The facility must have designated persons fu	nues at an "F" level for reness of corrective actions altoring by the Quality. The facility is required to ction.  ERNING BODY-FACILITY ADMN	F 493	3 F493 What corrective action(s) will be accomplished the residents found to have been affed deficient practice;	Dlished for	/31/2014	

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1			<u>OMB NO</u>	<u>0. 0938-039</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION		TE SURVEY
		445404	B. WING	_		1	10010044
NAME OF	PROVIDER OR SUPPLIER		·	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	0/02/2014
BLOUN	T MEMORIAL TRANS			2	320 EAST LAMAR ALEXANDER PKWY #ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	-	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D BE	(XS) COMPLETION DATE
F 493	governing body app licensed by the State		F 4	93	The medication errors of residents #262, #188, #453, #452, #454, #455, #456, #27 #398, #105, #197, #23, #411, #238 have additionally reviewed by the Transitional Center (TCC) (facility) Medical Director at Nursing Leadership Team (created Octob 2014).	9, #111, been Care nd er 7,	1
	Based on medical resinvestigations, review procedures, and interprocedures, and interprocedures, and interprocedures, and interprocedures, and interprocedures, and interprocedures, and interprocedures related to failure failure placed sixteer #188, #453, #452, #4 #398, #105, #197, #2 twenty-four residents errors in Immediate Jethe facility's noncomprequirements of particles to cause, serious or death). The facility any resident who recommediate Jeopardy.  The Administrator, Medical Officer/In Hornormed of the Immediate Jeopardy of the Immediate Jeopardy.	rview the facility Governing a facility policies for accurate ration were implemented, and stemic problem of medication re to follow policies. The residents (#262, #457, #454, #455, #456, #279, #111, #33, #411, #238) of reviewed for medication reopardy (a situation in which eliance with one or more cipation has caused, or is injury, harm, impairment a failure was likely to place reviewed medications at risk for redical Director, Chief use Legal Counsel, Chief Director of Nursing were diate Jeopardy on at 4:00 p.m., in the			#23 to home with Home Health on Septer 2014  #411 to home on August 29, 2014  #238 to home on September 30, 2014  The TCC (facility) Medical Director determ resident #188, after she performed addition review of the medical record, the medication dispensing system reports, and pharmacy that the resident did not receive Cournading documented by the nurse. The nurse entry inaccurate. This staff member no longer with the TCC (facility).  The Nursing Leadership Team meets at 8: Monday through Friday and is attended by Administrator, Director of Nursing (DON), For Care Coordinators (PCCs), Clinical Education and Medical Director at her discretion or as requested. Since it was created, the Chief Officer (CMO), Chief Nursing Officer (CNO) Medical Director have attended daily to ensuring Leadership Meeting is accomplishing function. During this meeting, a general recocurrences including medication errors an ensuring appropriate notification has been completed is discussed (see exhibit 7). No the residents suffered a prolonged or permacondition from the noted medication errors.  Each resident was discharged as indicated \$262 to Blount Memorial Hospital on July 25 She was discharged from the hospital to a skilled nursing facility from which she later were proposed to the process of the process of the proposed of the process of the proposed of the process of th	ined for nal on records, as y was orks at 00am the TCC ratient or (CE), Medical ,, and sure the ng its riew of d ne of anent below:	
1	rne immediate Jeopa I2, 2014 through Octo	rdy was effective February ber 1, 2014.			discharged to home in good condition.		Ē

STATEMEN	IT OF DEFICIENCIES	& MEDICAID SERVICES	<del></del>				IO. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445404	B. WING	;			501001004A
	(EACH DEFICIENCY	CARE CTR TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI	2 N X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOCK CROSS-REFERENCED TO THE APPR	FION	(XS) COMPLETION DATE
	2014. The survey to by the facility remove 2014. Noncompliant The findings included Interviews with the Chief Medical Officer a local hospital owned, Administration and Compliant Interview with the Chief Medical Officer a local hospital owned, Administration and Compliant Interview with the Chief the hospital on Septering Committee or reviewed medication hospital by the facility the CNO confirmed the Committee conducted the medication error committee discussed meded to be implementated to be implementated to be implementated to be included the scope and extent errors.  Interview with member Management Team: Colinector of Quality Manager, on October	d an Acceptable Allegation of urvey team on October 2, am verified the actions taken ed the jeopardy on October 2, are continues at the "F" level.  d:  thief Nursing Officer and the and was responsible for and was responsible for and was responsible for and was responsible for an acceptance of the facility.  ief Nursing Officer (CNO) of mber 30, 2014, at 5:53 p.m., am, revealed the Chief of several members of the of the hospital which errors reported to the continued interview with the hospital's Steering d a root-cause analysis of of resident #262, and the some interventions which ented to address the ident #262. Continued the CNO was not aware of of the repeated medication are of the hospital's Risk thief Nursing Officer	F4		#457 to home on March 31, 2014  #453 to home with Home Health on March 2014  #452 to home on February 21, 2014  #454 to home with Home Health on March 2014  #455 to home with Home Health on April  #456 to an Intermediate Care facility on All 2014  #279 to home with Home Health on May 18  #111 to home with Home Health on August 2014  #398 to home with Home Health on August 2014  #105 to home with Home Health on August 2014  In complete review of chart, there was NO Coumadin 2 mg to be given to the resident However, an electronic request was sent the pharmacy for Coumadin 2 mg. Pharmacy the order due to admission order clarification "hold Coumadin". They notified TCC (facilia rejection of order. The pharmacy (which go Coumadin orders per protocol) did not gen Coumadin orders per protocol) did not gen Coumadin orders per protocol) did not gen Coumadin order for this resident. There was Coumadin withdrawn from the medication dispensing system profile assigned to this The resident was discharged home to Assi Living with Hospice on April 11, 2014.  A summary of medication occurrences was presented at the monthly Transitional Care (TCC) Quality Assurance (QA) meeting.	h 19, 12, 2014  pril 9, 3, 2014  st 10, st 7, 2014  st 14, order for the conforty) of erates a lis no resident.	

PRINTED: 10/15/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLANOF CORRECTION  MEMORIAL TRANS CARE CTR    A STREET ADDRESS. CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   CASHAMAY STATELEN OF DEFICIENCIES   STREET ADDRESS. CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   CASHAMAY STATELEN OF DEFICIENCIES   PROVIDER'S PLANOF CORRECTION   CRACH CORRECTION ABOUT BE PREFEX   REGULATORY OR LSC IDEMTFRING SAFORMATION   F 493   Continued From page 135	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				W WALLKOVE
BLOUNT MEMORIAL TRANS CARE CTR  STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR A LEXANDER PKWY MARYVILLE, TN 37804  FAG  FAG  SUMMARY STATEMENT OF DETICIPACIES (EACH DETICIPACIENCY MUST BE REPRECIBED BY THILL REGULATORY OR LISC IDENTIFYING INFORMATION)  FAG  FAG  Continued From page 135  of notifying the hospital of medication error reports into a computerized tracking system for the hospital continued interview confirmed the medication error reports are reviewed by the Risk Manager, however in-depth, root-cause analysis occurs only in specific cases. Further interview with the Risk Management Team had not identified any trends related to the facility's medication administration processes.  Interview with the Patient Safety Officer for the hospital on October 1, 2014, at 10:50 a.m., in the conference room, revealed the Patient Safety Officer had conducted root cause analysis of specific, individualized medication errors (resident #262) and had identified"—some opportunity at many levels" of the facility's medication administration system. Continued interview confirmed the Patient Safety Officer had only focused on one resident (#282) to complete a root-cause analysis. Further interview with the Patient Safety Officer confirmed the Patient Safety Officer and not identified, and was not aware of any trends related to the facility's systemic problems with medication administration, on october 2, 2014, at 8:20 a.m., in the conference room, revealed the Patient Safety Officer confirmed the Patient Safety Officer on soft many levels" of the facility's systemic problems with medication administration, on october 2, 2014, at 8:20 a.m., in the conference room, resident (#282) to complete a root-cause analysis. Further interview with the Patient Safety Officer had not identified, and was not aware of any trends related to the facility's systemic problems with medication administration, on occording to the process of the none providence of the none providence of the none providence of the none providence of t	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	1		(£X) d	ATE SURVEY
BLOUNT MEMORIAL TRANS CARE CTR  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 493 Continued From page 135 of notifying the hospital of medication error reports into a computerized tracking system for the hospital. Continued interview confirmed the medication error reports are reviewed by the Risk Manager, however in-depth, root-cause analysis of specific, individualized medication error from administration processes.  Interview with the Patient Safety Officer of the hospital on October 1, 2014, at 10:50 a.m., in the conference room, revealed the Patient Safety Officer had onducted root cause analysis of specific, individualized medication errors (resident #262) and had identified ".s.med opportunity at many levels" of the facility's medication administration, individualized medication errors (resident Patient Safety Officer had only focused on one resident (#262) to complete a root-cause analysis. Further interview with the Patient Safety Officer had only focused on one resident (#262) to complete a root-cause analysis. Further interview with the Patient Safety Officer had only focused on one resident (#262) to complete a root-cause analysis. Further interview with the Patient Safety Officer onfirmed the Patient Safety Officer			445404	B. WING			
SALDEM TRANS CARE CTR   2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804   MARYVILLE, TN 37804	NAME OF	PROVIDER OR SUPPLIER		1			0/02/2014
MARYVILLE, TN 37804   SUMMARY STATEMENT OF DEFICIENCIES   DEPROVEMENT BY THE PRECEDED BY FIRE   TAG   PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MIST BE PRECEDED BY FIRE   PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MIST BE PRECEDED BY FIRE   TAG   CROSS-REPERBED PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY)	BI OUNT	EMEMODIAL TRANS	0455 005	Ī			
SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MIST BE PRECEDED BY FIRIT, REGULATORY OR LSC IDENTIFYING INFORMATION)  F493  Continued From page 135 of notifying the hospital of medication errors was by the facility's staff entering medication error reports into a computerized tracking system for ithe hospital. Continued interview confirmed the medication error reports are reviewed by the Risk Manager, however in-depth, root-cause analysis occurs only in specific cases. Further interview with the Risk Management Team confirmed the Risk Management Team confirmed the Risk Management Team and not identified any trends related to the facility's medication administration processes.  Interview with the Patient Safety Officer of the hospital on October 1, 2014, at 10:50 s.m., in the conference room, revealed the Patient Safety Officer had not identified " some opportunity at many levels" of the facility's medication administration system. Continued interview confirmed the Patient Safety Officer had not identified, and was not aware of any trends related to the facility's systemic problems with medication administration.  Interview with the Chief Medical Officer of the hospital on October 2, 2014, at 8:20 a.m., in the conference room, revealed the Patient Safety Officer had not identified, and was not aware of any trends related to the facility's systemic problems with medication administration.	DECON	I WEWORIAL IRANS	CARE CTR			AVVY	
of notifying the hospital of medication errors was by the facility's staff entering medication error reports into a computerized tracking system for ithe hospital. Continued interview confirmed the medication error reports are reviewed by the Risk Manager, however in-depth, root-cause analysis occurs only in specific cases. Further interview with the Risk Management Team had not identified any trends related to the facility's medication administration processes.  Interview with the Patient Safety Officer of the hospital on October 1, 2014, at 10:50 a.m., in the conference room, revealed the Patient Safety Officer had conducted root cause analysis of specific, individualized medication errors (resident #262) and had identified " some opportunity at many levels" of the facility's medication administration system. Continued interview confirmed the Patient Safety Officer had only focused on one resident (#262) to complete a root-cause analysis. Further interview with the Patient Safety Officer had not identified, and was not aware of any trends related to the facility's systemic problems with medication administration.  Interview with the Chief Medical Officer of the hospital on October 2, 2014, at 8:20 a.m., in the conference room, confirmed the Patient Medical Medical Medical Officer of the hospital on October 2, 2014, at 8:20 a.m., in the conference room, confirmed the Chief Medical September 30, 2014, sit solves the product of the error and another (one of two on MR# 44221) was found to be an error. The following residents were affected:  Interview with the Chief Medical Officer of the hospital on October 2, 2014, at 8:20 a.m., in the conference room, confirmed the Chief Medical September 14, 2014.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY ELL!	PREFIX	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETION
Officer of the hospital was the presiding chair of the Risk Management committee. Continued interview with the Chief Medical Officer confirmed was aware of "some of the medication errors"  Further interview confirmed the Chief Medical  Officer was not aware "of the extent and  Resident MR# 483234: Transcription error on September 18, 2014.  Resident MR# 689434: Transcription error on September 25, 2014.  Resident MR# 791005: Transcription error on September 25, 2014.		of notifying the hosp by the facility's staff reports into a compathe hospital. Continued administration process and process a	entering medication errors was entering medication error uterized tracking system for uterized tracking system for uterized tracking system for uterized tracking system for uterized tracking system for uterized tracking system for uterized tracking system for each tracki	F4	This team meets monthly on the the of the month at 11:30am and include Administrator, TCC Medical Director Nursing (DON), Clinical Educator (Care Coordinators (PCCs), Social Department representative, Register (RD), Minimum Data Set (MDS) conthe Pharmacy Consultant. The purpose committee is to provide general own quality of care at the facility (see expected by the same practice and what corrective action Adl residents in the TCC (facility) we to have the potential to be affected. Medication Administration Record (I Electronic Treatment Administration (E-TAR), and Electronic Physician (E-POE) system was abandoned im September 30, 2014, returning to all paper-based MAR, TAR, and physic system, effective October 1, 2014. (MARs of 100% of the current resident reviewed during our conversion from MAR to paper MAR. In the process, were analyzed for any medication er Medical Director who was on site throm conversion process.  Our initial review identified 7 resident who we thought were affected. Howereview, one resident (MR# 425745) been notified of the error and anothe on MR# 448221) was found not to be following residents were affected:  Resident MR# 475365: Omission of respetember 14, 2014.  Resident MR# 689434: Transcription September 18, 2014.	des the TCC or, Director of CE), Patient Services Services Pred Dietician ordinator, and pose of the QA ersight for the hibit 14).  Is having the electronic Health of the Helectronic Hel	

number..." of medication errors and was not

September 23, 2014.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBERS A. BUILDING COMPLETED 445404 B. WING NAME OF PROVIDER OR SUPPLIER 10/02/2014 STREET ADDRESS, CITY, STATE, ZIP CODE **BLOUNT MEMORIAL TRANS CARE CTR** 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) F 493 Continued From page 136 Resident: MR# 524029: Transcription error on F 493; September 4, 2014. aware of the facility's repeated pattern of medication errors. Resident MR# 448221: Transcription error on September 15, 2014. Refer to F157-L, F281-L, F309-L, F333-L, Starting September 30, 2014, additional Registered F425-L, F428-L, F F490-L Nurses (RNs), employed by Parent Hospital (Blount Memorial) were assigned to the TCC to complete the following tasks: The Immediate Jeopardy was effective from February 12 through October 1, 2014, and was Transcribe all physician orders for every current removed onsite on October 2, 2014. An resident to a hand-written MAR and/or TAR on Acceptable Allegation of Compliance, which September 30, 2014 for use on October 1, 2014 removed the immediacy of the jeopardy, was Verify (2 RNs) accuracy of all physician orders for received and corrective actions were validated by every current resident to a hand-written MAR the surveyors through review of documents, staff and/or TAR after transcription completed on interviews, and observations conducted onsite on October 1, 2014. October 2, 2014. The surveyors verified the Provide every 12 hour chart checks to include allegation of compliance by: review of all MARs, TARs, and new physician orders effective October 1, 2014. This process is 1. Review of the facility's in-service records to ongoing. ensure nursing staff were educated regarding · Administer all medications under the purview of changes for medication administration which two licensed nurses (RN or Licensed Practical included the implementation of paper Medication Nurse (LPN)) effective October 1, 2014. This Administration Records (MARs). Review process is ongoing. included the facility's plan of action to ensure all The TCC Medication Error/Risk Team (see exhibit) nurses were educated on the new system before began meeting on October 6, 2014 and is inclusive being allowed to work a shift (coordinated by the of the TCC Medical Director, TCC Administrator, Director of Nursing), and the facility's plan for Hospital CMO, Hospital CNO, Consultant education for nurses who were not scheduled to Pharmacist, Hospital Associate Nurse Executive, TCC DON, TCC PCCs, TCC CE, Hospital Risk work or who were on vacation or Family Medical Manager, and Hospital Quality Management Leave. Director review all occurrences weekly. Verification of the new medication

administration system by the facility which

included discontinuation of the Electronic

implementation of paper Medication

Medication Administration Record (EMAR) and

review reconciling new physician's orders and the

Verification through interview with the Director of Nursing and Medical Director, and review of

Administration Records, Verification included

correct reconciliation to the new paper MARs.

occurrence.

The CMO, CNO, Hospital Director of Quality

weekly. The TCC Medication Error/Risk Team

its findings to the parent hospital and the QA committee to enhance its ability to better identify

functions as an independent committee reporting

negative patterns or trends involving any adverse

Management, and the Hospital Risk Manager also

serve on the Hospital Risk Team, which also meets

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/15/2014

CENTERS FOR MEDICARI	E & MEDICAID SERVICES			FORM	#APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DAT	) <u>. 0938-0391</u> TE SURVEY MPLETED
	445404	B. WING _			
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	E	/02/2014
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
medication orders v paper MARs.  4. Verification thro Nursing and review Report modified to r notification of reside errors.  5. Verification thro Administrator, and r documentation the f transcription errors o current resident's medicality documentation resident's family, and the errors. Verification Medical Director of it assess resident's state error, and provide claneeded.  6. Review of a rand charts to verify the ac physician's orders to random sample of ac completeness and ac checks.  7. Verification throu nursing stations new transcribed by Regist 8. Verification throu Practical Nurses (two on main floor) of med Licensed Practical Nu Registered Nurses as accuracy of administe 9. Verification throug Registered Nurses, si	ugh interview with Director of of the Medication Occurrence require the date and time of the the the date and time of the the date and time of the the date and time of the the date and time of the the date and time of the the date and time of the the date and time of the the date and time of the the date and time of the date and time of the date and time of the date of the da	F 49:	In addition, the CMO serves as Chain	many of and (Blount as indicated.)  or what as indicated.  or what as indicated.  or what as indicated.  or what as indicated.  eadership and the TCC	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER;		A BUILDING (X3) DAT		SURVEY LETED
NAME OF FAC	CILITY	44	5404		10/02/	2014
	MEMORIAL TRANS CARE CTR			S, CITY, STATE, ZIP CODE		
(X4) ID		1 MARY	VVILE, T	MAR ALEXANDER PARKWAY 'N 37804		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMAT	V FIU I	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD BE O TO THE APPROPRIATE DEFICIE	ROSS-REFERRED	(X5) COMPLETIO DATE
F 493	Continued From page 138		F 493	The calls are transcribed by the Quality Medication Error/Risk Team (see exhibit This team is reviewing and will continue medication errors at the TCC (facility), all such as falls or allegations of abuse, and a pertinent issues identified from the prior review involves discussing the events of a reviewing whether or not correct procedupolicy was followed, and reviewing any a factors or circumstances that may have continued the occurrence (for example personnel transpersione). The team identified etermines the best course of action for exissue, including education, further analysis change or disciplinary action. The team had to make these decisions at the time the occurrence and implement change immediated also follows up each change to ensure it had implemented and is effective.  The TCC Medication Error/Risk Team furindependent committee reporting its finding parent hospital and the QA committee to cability to better identify negative patterns a involving any adverse occurrence. Identifit trends will enhance the QA committee's experiences in the governance process of thospital as evidenced by her role as Chiefe parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital (Blount Memorial) for the parent hospital of Director's meetings.	individually by  The Hospital  In staff work  to the TCC  13) weekly.  It or eview all  It occurrences  any other  week. The  the occurrence,  re as defined in  additional  outributed to  aining and  ach error or  s, process  as the authority  currence is  tely. The team  as been  metions as an  ngs to the  mhance its  or trends  cation of  ffectiveness.  ely  the parent  of Staff at the  mext two years	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PLIER	OVIDER/SUP IFICATION R:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED	
NAME OF FAC	CILITY		<u>15</u> 404		10/02/	/2014
				S, CITY, STATE, ZIP CODE	10,02,	
DECORT I	MEMORIAL TRANS CARE CTR	2320 F	EAST LA	MAR ALEXANDER PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY SHOULD BE PRECEDED I REGULATORY LSC IDENTIFYING INFORMA	les Ry en i	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE OF TO THE APPROPRIATE DEFICIE	ROSS.REFERRED	(X5) COMPLETION DATE
F 493	Continued From page 138 (a)			In addition, significant errors (actual sign done or potential for significant harm) at the CMO to the Hospital Board of Direct Additionally the CNO, Quality Manager and Risk Manager who attend the TCC METOTION (Risk Team also attend the Hospital Directors meeting.  How the corrective action(s) will be monthe deficient practice will not recur; i.e., assurance program will be put into place.  All medication errors are being reported the Medication Error/Risk Team (see exhibit This team is reviewing and will continue medication errors at the TCC (facility), alsuch as falls or allegations of abuse, and a pertinent issues identified from the prior verviewing whether or not correct procedure policy was followed, and reviewing any a factors or circumstances that may have conthe occurrence (for example personnel transception, technology). The team identified determines the best course of action for easissue, including education, further analysis change or disciplinary action.  Starting October 16, 2014, additional data been added to the occurrence tracking systemable trending of medication error details and shift in addition to the prior trending be error type. On October 24, 2014, a data fict to enable trending by wing/unit. To ensure occurrences are properly reported, trended, addressed, a report of all incidents for the puality database tracking system, will be remonthly during the QA meeting and quarter TCC Advisory Committee.	te reported by tors each month. Inent Director, Medication at Board of litored to ensure what quality to the TCC 13) weekly, to review all loccurrences any other week. The he occurrence, re as defined in dditional intributed to ining and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies trends and lies by employee lies and lie	

AND PLAN OF CORRECTION    Complete	STATEMENT	T OF DEFICIENCIES	$\top$		· · · · · · · · · · · · · · · · · · ·		
BLOUNT MEMORIAL TRANS CARE CTR  STREET ADDRESS, CITY, STATE, ZIP CODE  2320 EAST LAMAR ALEXANDER PARKWAY  MARYVILE, TN 37804  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY LSC IDENTIFYING INFORMATION)  F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  The QA Committee meets monthly on the third Wednesday of the month at 11:30am and includes the TCC Administrator, TCC Medical Director, DON, CE, PCCs, Social Services Department representative, Registered Dietician (RD), Minimum Data Set (MDS) coordinator, and the Pharmacy Consultant. The purpose of the QA Committee is to provide general oversight for the quality of care at the facility (see exhibit 14).  The TCC Advisory Committee meets quarterly on the Fourth Wednesday of the month at 7:00am and includes the TCC Administrator, TCC Medical Director, DON, CNO, CE, PCCs, Social Services Department representative, RD, MDS coordinator, the pharmacy Consultant, and 2 medical staff members (see exhibit	AND PLAN O	OF CORRECTION	PLIER IDENTII	FICATION	A. BUILDING		
BLOUNT MEMORIAL TRANS CARE CTR  SIREET ADDRESS, CITY, STATE, ZIP CODE  2320 EAST LAMAR ALEXANDER PARKWAY  MARYVILE, TN 37804  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY LSC IDENTIFYING INFORMATION)  F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  The QA Committee meets monthly on the third Wednesday of the month at 11:30am and includes the TCC Administrator, TCC Medical Director, DON, CE, PCCs, Social Services Department representative, Registered Dietician (RD), Minimum Data Set (MDS) coordinator, and the Pharmacy Consultant. The purpose of the QA Committee is to provide general oversight for the quality of care at the facility (see exhibit 14).  The TCC Advisory Committee meets quarterly on the Fourth Wednesday of the month at 7:00am and includes the TCC Administrator, TCC Medical Director, DON, CNO, CE, PCCs, Social Services Department representative, RD, MDS coordinator, the pharmacy Consultant, and 2 medical staff members (see exhibit)	NAME OF FACI	YI ITV				10/02	/2014
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCES TAG  F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  F 49							
F 493  Continued From page 138 (b)  F 493  Continued From page 138 (b)  F 493  F 493  Continued From page 138 (b)  F 493			<b>⊢ MARY</b>	AST LAN VILE, TI	MAR ALEXANDER PARKWAY N 37804		
Wednesday of the month at 11:30am and includes the TCC Administrator, TCC Medical Director, DON, CE, PCCs, Social Services Department representative, Registered Dietician (RD), Minimum Data Set (MDS) coordinator, and the Pharmacy Consultant. The purpose of the QA Committee is to provide general oversight for the quality of care at the facility (see exhibit 14).  The TCC Advisory Committee meets quarterly on the Fourth Wednesday of the month at 7:00am and includes the TCC Administrator, TCC Medical Director, DON, CNO, CE, PCCs, Social Services Department representative, RD, MDS coordinator, the pharmacy Consultant, and 2 medical staff members (see exhibit	PREFIX	(EACH DEFICIENCY SHOULD BE PRECEDED I	HES By Fill 1	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOULD BE	CROSS-REFERRED	(XS) COMPLETIO DATE
	F 493	Continued From page 138 (b)		F 493	Wednesday of the month at 11:30am ar TCC Administrator, TCC Medical Dire PCCs, Social Services Department repr Registered Dietician (RD), Minimum D coordinator, and the Pharmacy Consults of the QA Committee is to provide gene the quality of care at the facility (see ex. The TCC Advisory Committee meets quality of the month at 7:00 the TCC Administrator, TCC Medical ECNO, CE, PCCs, Social Services Depar representative, RD, MDS coordinator, the Consultant, and 2 medical staff members.	ad includes the ctor, DON, CE, esentative, lata Set (MDS) ant. The purpose cral oversight for hibit 14).  Larterly on the am and includes Director, DON, ttment	

CENT	ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 10/15/2014 FORM APPROVED
STATEME	NT OF DEFICIENCIES 4 OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		445404	B. WING_		
	F PROVIDER OR SUPPLIER  IT MEMORIAL TRANS (	CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	10/02/2014
(X4) ID PREFIX TAG	(#ACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	DRF COMPLETION
F 490	Director of Nursing a implementation of the and verification process. Verification through Administrator, Medic Officer, Risk Manage Nursing, and Director their participation in address the system administration, and in ongoing quality assured the process of th	ervices conducted by the egarding the changes and e facility's new transcription edures. gh interview with the eal Director, Chief Nursing ement Team, Director of rof the Pharmacy Vendor of risk management meeting to changes with medication avolvement of all parties in rance. gh observation and interview registered nurses the facility tess of entering physician by the ward clerks. In observation faxed are reconciled in real time, erview with the Director of the pharmacy consultant will attion orders weekly.	F 49	Continued From Page 138(c)	
F 501 SS=L	submit a plan of corre	The facility is required to	F 501		10/31/2014
	as medical director.  The medical director is	dent care policies; and the		What corrective action(s) will be accomplished for those residents found have been affected by the deficient practice. The medication errors of residents #26 #457, #188, #453, #452, #454, #455, # #279, #111, #398, #105, #197, #23, #4 #238 have been additionally reviewed I Transitional Care Center (TCC) (facility	2, 456, -11,

STATEMEN	T OF DEFICIENCIES	WAY PROVIDED SERVICES	T		0	MB NO	0.0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION  3		TE SURVEY MPLETED
<u></u>		445404	B. WING	;		40	/001004 <i>4</i>
	PROVIDER OR SUPPLIER T MEMORIAL TRANS	CARE CTR	<del> </del>	;	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	1 10	/02/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X\$) COMPLETION DATE
F 501	This REQUIREMENT by: Based on review of Director Agreement review, review of facility policy and promedical Director of medications were readministered to resimple medication administer of the medication administer of a problems related to medication administer of problems related to medication administer of problems related to medication administer of problems related to medication administer of said placed site. #188, #453, #452, #4398, #105, #197, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #105, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1998, #1997, #1997, #1998, #1997, #1997, #1998, #1997, #1997, #1998, #1997, #1997, #1998, #1997, #1997, #1997, #1998, #1997, #1997, #1997, #1997, #1998, #1997	review of the Medical Contract, medical record cility investigations, review of ocedures, and interview, the the facility failed to ensure econciled, transcribed, and dents in a safe manner. The nillure to address the systemic the processes for accurate ration resulted in medication exteen residents (#262, #457, 454, #455, #456, #279, #111, 23, #411, #238) of a reviewed for medication Jeopardy (a situation in which pliance with one or more icipation has caused, or is us injury, harm, impairment by's failure was likely to place derived medications at risk for	F	601	Medical Director and Nursing Leadership Te (created October 7, 2014).  The Nursing Leadership Team meets at 8:00 Monday through Friday and is attended by the Administrator, Director of Nursing (DON), Pa Care Coordinators (PCCs), Clinical Education and Medical Director at her discretion or as requested. The Chief Medical Officer (CMO) Nursing Officer (CNO), and Medical Director attended daily to ensure the Nursing Leaders Meeting is accomplishing its function.  During this meeting, a general review of occurrences including medication errors and ensuring appropriate notification has been completed is discussed (see exhibit 7). None the residents suffered a prolonged or perman condition from the noted medication errors.  Each resident was discharged as indicated by #262 to Blount Memorial Hospital on July 25, She was discharged from the hospital to a se skilled nursing facility from which she later was discharged to home in good condition.  #457 to home on March 31, 2014  #453 to home with Home Health on March 24, 2014	Dam ne TCC titient r (CE), , Chief have ship e of tent elow; 2014. cond ss	
:	Medical Officer/In Ho	ruse Legal Counsel, Chief Director of Nursing were ediate Jeopardy on		'	#454 to home with Home Health on March 19 2014  #455 to home with Home Health on April 12, 2  #456 to an Intermediate Care facility on April 9	2014	
	12, 2014 through Oct			4	#279 to home with Home Health on May 8, 20	14	
1.3	An extended survey v September 30, to Oct	vas conducted on lober 2, 2014.		i	#111 to home with Home Health on August 10 2014	!	
	The facility submitted Compliance to the su	an Acceptable Allegation of vey team on October 2,		•	#398 to home with Home Health on August 7,	2014	

PRINTED: 10/15/2014

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FOR	MAPPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILON	TIPLE CONSTRUCTION NG	(X3) DA	D, 0938-039 TE SURVEY PAPLETED
		<b>44</b> 5404	B. WING	· · · · · · · · · · · · · · · · · · ·		
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	10	0/02/2014
BLOUN'	T MEMORIAL TRANS			2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	LDBE	(X5) COMPLETION DATE
F 501	Continued From pa		F 50	#105 to home with Home Health on Augu 1 2014	st 14,	:
	<ul> <li>by the facility remov</li> </ul>	eam verified the actions taken ed the jeopardy on October 2,	!	#197 to home with Home Health on Augus	st 8, 2014	
		ice continues at the "F" level.		#23 to home with Home Health on Septen 2014	nber 4,	* *************************************
	The findings include			#411 to home on August 29, 2014		
	contract signed and	al Director Agreement dated by the Medical Director		#238 to home on September 30, 2014		
!	on August 16, 2012, Responsibilities of M Policies and Proced	revealed, "2. ledical Directorb. Develop ures. Assist in developing,		The TCC (facility) Medical Director determ resident #188, after she performed addition review of the medical record, the medication	nal on	
:	executing, and perio written policies and p	dically reviewing facility's procedures, medical		dispensing system reports, and pharmacy that the resident did not receive Coumadin documented by the nurse. The nurse ento inaccurate. This staff member no longer w	aş v was	**************************************
ı	Hospital and/or Depa Participate in Quality	ng orders as requested by artment Leadershipn.		TCC (facility).		
Models and the second	Performance Improvement programmaticipate in the facilimprovement programmaticipate in the facilimprovement programmaticipate in the facilimprovement programmatical in the fa	ement Program. Actively lity's Performance m, including identifying best		In complete review of chart, there was NO Coumadin 2 mg to be given to the resident However, an electronic request was sent to pharmacy for Coumadin 2 mg.		
:	practices, evaluating indicators relating to patient and family sa	patient care, evaluating improved outcomes and tisfaction, and creating		Pharmacy rejected the order due to admiss order clarification for "hold Coumadin". The notified TCC (facility) of rejection of order.	ey The	
	clinical models of car	e both within facility"		pharmacy (which generates Coumadin order protocol) did not generate a Coumadin order this resident. There was no Coumadin without	er for	
	29, 2014, at 2:34 p.m revealed the Medical specific case of medi	dical Director on September , in the conference room, Director was aware of a cation error in which a		from the medication dispensing system pro- assigned to this resident. The resident was discharged home to Assisted Living with Ho on April 11, 2014.		
 	resident required phy Further interview con	sician intervention (#262). firmed the Medical Director mendations related to the		The Medical Director has been present on s including weekends (with the exception of C 4, 17, and 18 during which she was available	October   le by	
: I	medication errors with interview confirmed th	resident #262. Continued le Medical Director was not		phone) since the completion of the survey. Medical Director has actively participated in following: The Nursing Leadership Team (or	The the reated	
(	aware of a pattern of occurred and was rela	medication errors which had attention	!	October 6, 2014) which reviews all occurren daily and the TCC Medication Error/Risk Te. (created October 7, 2014) which reviews all	ices -	
: V	Night Shift Licensed N	our chart checks by the Jurses. Further interview of the facility	V ************************************	occurrences weekly.	į	

had identified a "systemic issue" related to the

PRINTED: 10/15/2014

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					M APPROVEC
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	V BOILD		E CONSTRUCTION	(X3) DA	). 0938-0391 TE SURVEY MPLETED
		445404	B. WING				
NAME OF	PROVIDER OR SUPPLIER		l		TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	0/02/2014
BLOUNT	F MEMORIAL TRANS	CARE CTR	:	2	320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFE TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 501	facility's use of a so and medication add intervention and re- employees, howeve recommendations to	ftware program for order entry initialization which required education of specific r had not made any specific the facility to address the facility's medication	F 5	01	The Nursing Leadership Team meets at 8:0 Monday through Friday and is attended by Administrator, DON, Patient Care Coordina (PCCs), Clinical Educator (CE), and Medica Director at her discretion or as requested. Ethis meeting, a general review of occurrence including evaluation of medication errors an assurance of appropriate notification is com Weekend occurrences are reviewed on Monday.	the TCC tors al During es d pleted. nday.	
:	Refer to F157-L, F2 F425-L, F428-L, F49 The Immediate Jeon February 12 through removed onsite on C Acceptable Allegatio removed the immediate received and correct the surveyors through interviews, and obse	281-L, F309-L, F333-L, 90-L, F493-L Deardy was effective from October 1, 2014, and was October 2, 2014. An of Compliance, which acy of the jeopardy, was live actions were validated by the review of documents, staff revalions conducted onsite on the surveyors verified the		i	The TCC Medication Error/Risk Team meet Monday at 1:30pm and includes the TCC M Director, TCC Administrator, (CMO), (CNO) Consultant Pharmacist, Hospital Associate I Executive, TCC DON, TCC PCC, TCC CE, Hospital Risk Manager, and Hospital Quality Management Director.  In addition to other responsibilities (see exhibit 6 identifies negative trends from the analysis of we enter in our medication error database, a reviews the Hospital Quality Management at results weekly. The team will also discuss ar Safety Hotline calls made concerning medical errors or medication administration processes TCC. This Hotline is used to report condition affecting clinical resident safety or quality of	edical , Nurse , bit 13), ws all ) of data nd udit ny ation ss at	
	ensure nursing staff changes for medicati included the impleme Administration Recordincluded the facility's nurses were educate being allowed to world Director of Nursing), education for nurses work or who were on Leave.	plan of action to ensure all d on the new system before a shift (coordinated by the and the facility's plan for who were not scheduled to vacation or Family Medical			issues including medication errors or concert Calls may be feft anonymously or callers may contact information. The calls are transcribed the Quality Management Department at the hospital and reviewed individually by the Hospital and reviewed individually by the Hospital Saftotline phone number is posted in staff work How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken All residents in the TCC (facility) were considered to have the potential to be affected. The Elect Medication Administration Record (E-MAR),	spital afety areas, he sen;	
; i !	<ol> <li>Verification of the administration systen included discontinuat Medication Administra mplementation of pa</li> </ol>	n by the facility which ion of the Electronic ation Record (EMAR) and			Electronic Treatment Administration Record (E-TAR), and Electronic Physician Order Enti (E-POE) system was abandoned immediately September 30, 2014, returning to a hand-writ paper-based MAR, TAR, and physician order system, effective October 1, 2014.	on ten,	

implementation of paper Medication

PRINTED: 10/15/2014

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES				FOR	MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	OMB NO. 0938-039: (X3) DATE SURVEY COMPLETED	
		445404	B. WING			.	0.00.0044
NAME OF	PROVIDER OR SUPPLIER		<u>'</u>	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 3	0/02/2014
BLOUN	MEMORIAL TRANS	CARE CTR		2	MARYVILLE, TN 37804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D RE	(X5) COMPLETION DATE
	review reconciling recorrect reconciliations. Verification through facility documentation medication orders where the paper MARs.  4. Verification through the verification of review Report modified to motification of reside errors.  5. Verification through the facility documentation the facility documentation the facility documentation resident's family, and the errors. Verification of resident's family, and the errors. Verification of resident's family, and the errors. Verification of resident's resident's family, and the errors. Verification of resident's resident's the error, and provide of a serification of a completeness and a completeness and a checks.  7. Verification through the provided by Regis 8. Verification through the provided of the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8. Verification through the provided of the provided by Regis 8.	ords. Verification included new physician's orders and the new paper MARs. Bugh interview with the Director lical Director, and review of on all current resident's were accurately transcribed to ugh interview with Director of of the Medication Occurrence require the date and time of ent and/or family of medication ugh interview with the eview of facility's audit of all edication orders. Review of on verified residents or dephysician were notified of on through interview with the mmediate intervention to atus after identification of the arification orders where dom sample of active resident ccurate transcription of new the paper MARs. Review of ctive resident charts for the ccuracy of 24 hour chart agh observation in both orders were being	F 5		On September 30, 2014 through October 16 charts and MARs of 100% of the current re (68) were reviewed during our conversion of electronic MAR to paper MAR.  In the process, the records were analyzed medication errors by the Medical Director von site through the entire conversion proce initial review identified 7 residents (8 errors we thought were affected. However, on further eview, one resident (MR# 425745) had probeen notified of the error and another (one on MR# 448221) was found not to be an erfollowing residents were affected:  Resident MR# 475365: Omission of medical September 14, 2014.  Resident MR# 483234: Transcription error of September 18, 2014.  Resident MR# 689434: Transcription error of September 25, 2014.  Resident MR# 791005: Transcription error of September 23, 2014.  Resident MR# 791005: Transcription error of September 4, 2014.  Resident MR# 524029: Transcription error of September 15, 2014.  Starting September 30, 2014, additional Resident MR# 448221: Transcription error of September 15, 2014.  Starting September 30, 2014, additional Resident MR# 448221: Transcription error of September 15, 2014.  Starting September 30, 2014, additional Resident MR# assigned to the TCC to complete the following tasks (see bullets). The Medical Director oversaw this process and clarified a questions concerning physician orders that widentified during the transcription process:  Transcribe all physician orders for every oursident to a hand-written MAR and/or TAR september 30, 2014 for immediate use.	for any who was ass. Our sy who ther eviously of two ror. The ation on on on on on on on on on on on on o	
1	on main floor) of me	dication administration by		i	for every current resident to a hand-written A and/or TAR after transcription completed on	MAR	

Licensed Practical Nurses with the addition of

Registered Nurses assisting to ensure the

October 1, 2014. Continued On Page 143(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED		
NAME OF FAC	CILITY	STREET	5404	S, CITY, STATE, ZIP CODE	2014		
BLOUNT M	IEMORIAL TRANS CARE CTR			MAR ALEXANDER PARKWAY			
(X4) ID		MARY	VILE, T	N 37804			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY SHOULD BE PRECEDED B REGULATORY LSC IDENTIFYING INFORMA	UHU	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD BE C TO THE APPROPRIATE DEFICIE	ROSS-REFERRED	(X5) COMPLETIO DATE	
F 501	Continued From page 143		F 501	Provide every 12 hour chart checks to it of all MARs, TARs, and new physician of cotober 1, 2014. This process is ongoing  Administer all medications under the publicensed nurses (RN or Licensed Practical effective October 1, 2014. This process is the TCC Medical Director, TCC Administrat CMO, Hospital CNO, Consultant Pharma Associate Nurse Executive, TCC Directo (DON), TCC Patient Care Coordinator (PClinical Educator (CE), Hospital Risk Mathospital Quality Management Director reoccurrences weekly. The CMO, CNO, Horector of Quality Management, and the Manager also serve on the Hospital Risk also meets weekly. In addition, the CMO Chairman for the TCC Medication Error/I will provide a summary of issues monthly Governing Board (Blount Memorial Hosp Directors) as indicated.  What measures will be put into place or we changes you will make to ensure that the copractice does not recur;  The Medical Director has been present on including weekends (with the exception of 17, and 18 during which she was available since the completion of the survey.  The following actions have been taken by Director since September 30, 2014. This is inclusive of her involvement thus far, but a responsibilities and functions of the Medical that will continue moving forward:  Policy Formation and Revision	urview of two al Nurse (LPN)) s ongoing.  nclusive of the tor, Hospital acist, Hospital r of Nursing PCC), TCC anager, and eview all ospital Hospital Risk Team, which reves as Risk Team and r for the pital Board of that systemic deficient  site daily f October 4, by phone)  the Medical addresses key		

STATEMEN	T OF DEFICIENCIES					
AND PLAN	OF CORRECTION .	(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:				SURVEY LETED
NAME OF FAC	NI ITW		5404		10/02/2014	
NAME OF FAC		ı		S, CITY, STATE, ZIP CODE		
BLOURT W	IEMORIAL TRANS CARE CTR	2320 E	CAST LA	MAR ALEXANDER PARKWAY TN 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY LSC IDENTIFYING INFORMAT	S CEID 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE APPROPRIATE DEFICIE	ROSS-REFERRED	(X5) COMPLETIO DATE
F 501	Continued From page 143(a)		F 501	The Medical Director reviewed and appr following new policies or policy revision Resident's Condition or Status" (see exhi "Medication Occurrence: Procedure for I exhibit 3), "Medication Administration" 17), "Identifying and Maintaining an Adfor all Patients Considered High Risk for (see exhibit 23), and "Abuse Investigation Reporting" (see exhibit 8).  Improvement of Quality of Care and Serve Participated in formation of the process, primplementation of a safe process for transmedication orders.  Participation in the process of converting MARs to paper MARs on September 30, clarification of medication orders.  Participation in Committees providing guroversight of care including Nursing Leader Meetings, TCC Medication Error/ Risk Meetings, TCC Medication Error/ Risk Meam, QA Committee, and Weight Team Medical Director has also participated in sinformal meetings with Nursing leadership, Administrator, Hospital Leadership, and the consulting pharmacy to discuss process improvement.  Communicated with all Attending Physiciathe findings of the survey, changes in the ranscription, verification, and administrate education on their responsibilities to reside facility, and addressed any related question.  Source of education, training, and informated Educated the dicticians on the policies "Changes in the folion of Status" (see exhibiting and Maintaining an Adequate all Patients Considered High Risk for Weigenhibit 23)"	as: "Change in a libit 2), Reporting" (see (see exhibit equate Weight Weight Loss" in and wices policy and scription of all electronic 2014 including idance and ership Ianagement Meeting. The several p, the he Director of is ans to relay medication ion processes, ents in the ins or concerns. tion nange in a lit 2) and Weight for	

STATEMEN	T OF DEFICIENCIES		<del></del>	<del></del>	
AND PLAN (	OF CORRECTION	(XI)PROVIDER/SUP PLIER IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE COMPI	
		445404	1	10/02/	/1014
NAME OF FAC			S, CITY, STATE, ZIP CODE	10/02/	2014
BLOUNT M	IEMORIAL TRANS CARE CTR	1	MAR ALEXANDER PARKWAY		
		l Maryvile, 1	N 37804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY SHOULD BE PRECEDED B' REGULATORY LSC IDENTIFYING INFORMAT	S ID	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOULD BE TO THE APPROPRIATE DEFICE	CROSS-REFERRED	(X5) COMPLETIO DATE
F 501	Continued From page 143(b)	F 501	Educated nursing staff on communicati physicians, medication errors, routine a medications, medication administration medications, order verification and char 19).  The Medical Director continues to attenparticipate in process improvement proj the health and well-being of all resident as expected.  How the corrective action(s) will be mothe deficient practice will not recur; i.e., assurance program will be put into place. The expectation has been set by the CM Administrator for the Medical Director actively participate, and contribute to the referenced teams and boards. Document involvement of the Medical Director will be put into place.	on with and urgent thing trisk rting (see exhibit and to residents, ects, and ensure s in the facility anitored to ensure what quality the c. O. CNO, and to attend, to above ation of the	

DEPA CENT	RTMENT OF HEALTH	AND HUMAN SERVICES			्राव	RINTE	ED: 10/15/20 BM APPROVI	)14 En
1 STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL(		PLE CONSTRUCTION	(X3) D	O. 0938-03 ATE SURVEY OMPLETED	91
   <u>-</u>		445404	B. WING	3				
NAME C	F PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1	0/02/2014	
BLOUI	NT MEMORIAL TRANS	CARE CTR			2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804			
(X4) ID PREFIX TAG	( EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ae:	(X5) COMPLETIO DATE	,,
F 50	i 1 : Continued From	440	· •		Continued From Page 143(c)			-
. 50			F 5	501				ļ
	accuracy of adminis  9. Verification through	tered medications. Ugh interviews with nine					:	
	Registered Nurses.	Seven Licensed Practical						Ì
	Nurses, and three M	/ard Clerks/Certified Nursing						1
	Assistants to determ	line the comprehension						
	Director of Nursing r	ervices conducted by the egarding the changes and						
	implementation of the	e facility's new transcription						İ
	and verification proci	edures.			!			1
	10. Verification throu	gh interview with the al Director, Chief Nursing			!			
	Officer, Risk Manage	ement Team, Director of			i		:	
	Nursing, and Director	r of the Pharmacy Vendor of			:		:	
	their participation in r	isk management meeting to 🕛						
	address the system of addition and in	changes with medication						
	ongoing quality assur	nvolvement of all parties in					:	
	<ol> <li>11. Verification through</li> </ol>	h observation and interview					1	
	with ward clerks and	registered nurses the facility						
	orders electronically t	ess of entering physician						
	12. Verification through	Dy me ward clerks. In Observation faved						
	medication orders we	re reconciled in real time					:	
	<ol> <li>13. Verification by inte</li> </ol>	erview with the Director of						
	reconcile new medica	pharmacy consultant will					!	-
		•						
	Non-compliance conti	inues at an "F" level for						
	and evaluation of mo-	reness of corrective actions		i				
	and evaluation of mor Assurance Committee	itoring by the Quality  The facility is required to				ſ		
	submit a plan of corre	ction.						[
F 520	483.75(o)(1) QAA		F 520	D	F520		10/31/2014	1
SS=L	COMMITTEE-MEMBE QUARTERLY/PLANS	RS/MEET						
		76 mm mm - 1 1 1		-	What corrective action(s) will be accomplished those residents found to have been affected by deficient practice;	for the	į	
;	A facility must maintain	n a quality assessment and						ļ

PRINTED: 10/15/2014 1

CENTE	<u>:KS FOR MEDICARE</u>	& MEDICAID SERVICES			FO	RMAPPROVE
TOTALEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	OMB N (X3)	<u>VO. 0938-039</u> DATE SURVEY
[		445404	A. BUILDING	<i>3</i>	(	COMPLETED
NAME OF	PROVIDER OR SUPPLIER		B. WING			10/02/2014
ļ.	MEMORIAL TRANS	CARE CTR	] :	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY	=	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CORREST THE APPLICATION OF CORRECTIVE ACTION SHOUTH CORREST THE APPLICATION OF CORRECTIVE ACTION OF CORRECT	ា # N ១c	(X5) COMPLETION DATE
	facility; and at least a facility; and at least a facility's staff.  The quality assessm committee meets at issues with respect t and assurance actividevelops and implent action to correct identical A State or the Secretical disclosure of the recordisclosure of the recordisclosure of the recordisclosure of the secretical facility; and at least a secretical secr	the consisting of the director of oblysician designated by the displayment and assurance least quarterly to identify the ownich quality assessment ties are necessary; and nents appropriate plans of stiffed quality deficiencies. It is the order of such committee the disclosure is related to the committee with the	F 520	#398, #105, #197, #23, #411, #238 have additionally reviewed by the Transitional Center (TCC) (facility) Medical Director (Nursing Leadership Team (created Octo 2014). The Nursing Leadership Team as the TCC Administrator, Director of Nursing Patient Care Coordinators (PCCs), Clinic Educator (CE), and Medical Director at his discretion or as requested. The Chief Medical Director have attended daily to element of the Medical Director have attended daily to element of the Medical Director have attended daily to element of the Medical Director have attended to ensuring Leadership Meeting is accomplished function. During this meeting, a general recourrences including medication errors ensuring appropriate notification has been completed is discussed (see exhibit 7). In the residents suffered a prolonged or per condition from the noted medication errors.	279, #111, e been I Care and ober 7, leets at Itended by ng (DON), cal leer edical NO), and ensure the shing its review of and ensure the shing its review of ensure the shing edical NO, and ensure the shing its review of end end ensure the shing edical end end end end end end end end end end	
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	and correct quality de a basis for sanctions. This REQUIREMENT	by the committee to identify ficiencies will not be used as is not met as evidenced		#262 to Blount Memorial Hospital on July She was discharged from the hospital to skilled nursing facility from which she late discharged to home in good condition.  #457 to home on March 31, 2014  #453 to home with Home Health on March	a second er was	
i p n w fa v a e	ny: Based on medical reconvestigations, review or occurres, and international and an artification of physiciand 24 hour chart chensure medication or of the course of the	cord review, review of facility of facility policies and view, the facility failed to Quality Assurance Program ddressed the systemic medication transcription, n orders for medication, cks by licensed nurses to lers were followed. The		#452 to home on February 21, 2014  #454 to home with Home Health on March 2014  #455 to home with Home Health on April 1  #456 to an Intermediate Care facility on April 2014  #279 to home with Home Health on May 8	n 19, 12, 2014 pril 9,	
; Si	ixteen residents (#26)	ication errors and placed 2, #457, #188, #453, #452, 9, #111, #398, #105, #197, enty-four residents	: 1	#111 to home with Home Health on Augus 2014		

		& MEDICAID SERVICES			C	MB NO	. 0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		445404	B. WING			40	(00(0044
NAME OF	PROVIDER OR SUPPLIER	<del></del>		SI	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/02/2014
BLOUNT	MEMORIAL TRANS	CARE CTR		23	320 EAST LAMAR ALEXANDER PKWY ARYVILLE, TN 37804		
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFII TAG	<b>K</b>	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 520	noncompliance with participation has causerious injury, harm facility's failure was who received medic Jeopardy.  The Administrator, Medical Officer/In Honormed of the Imm September 30, 2014 conference room.	n in which the facility's one or more requirements of used, or is likely to cause, impairment or death). The likely to place any resident ations at risk for Immediate  Medical Director, Chief buse Legal Counsel, Chief Director of Nursing were ediate Jeopardy on , at 4:00 p.m., in the	F 5		#398 to home with Home Health on August #105 to home with Home Health on August 2014 #197 to home with Home Health on August #23 to home with Home Health on Septemb 2014 #411 to home on August 29, 2014 #4238 to home on September 30, 2014 The TCC (facility) Medical Director determin resident #188, after she performed additional review of the medical record, the medication dispensing system reports, and pharmacy re that the resident did not receive Coumadin a documented by the nurse. The nurse entry to inaccurate. This staff member no longer won TCC (facility).	ed for all ecords, is was rks at	
	An extended survey September 30, to Od The facility submitted Compliance to the survey telegy the facility removes 2014. Noncompliance The findings included		In complete review of chart, there was NO Coumadin 2 mg to be given to the resident However, an electronic request was sent to pharmacy for Coumadin 2 mg. Pharmacy of the order due to admission order clarificating the order due to admission order CC (facili rejection of order. The pharmacy (which go Coumadin orders per protocol) did not gen Coumadin order for this resident. There we Coumadin withdrawn from the medication dispensing system profile assigned to this The resident was discharged home to Assi Living with Hospice on April 11, 2014.		ected for of erates ate a no sident.		
**************************************	Assurance (CE/QA) I 2014, at 8:37 a.m., in revealed the CE/QA I the review of medical responsible for report Continuous Quality In (CQI). Continued intervealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the CE/QA revealed the cell quality that t	nical Educator/Quality Nurse on September 30, the conference room, Nurse was responsible for ion errors and was ing the errors to the approvement Committee erview with the CE/QA Nurse aurse only conducted a f medication errors "if it			The summary of occurrences was presented monthly Transitional Care Center (TCC) Qua Assurance (QA) committee. This committee r monthly on the third Wednesday of the month 11:30am and includes the TCC Administrator Medical Director, Director of Nursing (DON), Clinical Educator (CE), Patient Care Coordina (PCCs), Social Services Department representative, Registered Dietician (RD), Middle Set (MDS) coordinator, and the Pharma Consultant. The purpose of the QA Committe provide general oversight for the quality of cathe facility (see exhibit 14).	lity meets n at , TCC ators nimum cy e is to	

<u> </u>	NO FOR MEDICARE	& MEDICAID SERVICES			•	714 CINAC	7 2022 222
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		445404	B. WING	·		}	
BLOUNT	PROVIDER OR SUPPLIER			2	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	<u> </u>	<u>0/02/2014</u>
(X4) ID PREFIX TAG	{EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DRE	(X5) COMPLETION DATE
	2014, at 10:13 a.m., confirmed the Admir CQI committee, and assurance of the fact the Administrator continued in the facilitie errors were discussed Continued interview confirmed the number occurred in the facilitie CQI meeting. Further Administrator revealed interview confirmed the number occurred in the facilities and for medical interview confirmed the facilities and for medical interview confirmed the softward interview confirmed the softward interview confirmed the softward interview confirmed the Director of the Administrator was an errors in the facility. It is confirmed the Director occurred interview confirmed the Director occurred in the facility and interview and inter	dministrator on September 30, in the conference room, instrator was the chair of the had oversight of quality ellity. Continued interview with infirmed the Administrator had cation errors which had by, and confirmed medication errors which had in CQI meetings, with the Administrator er of medication errors which y was reported during each er interview with the ed the CQI team had the the computer software excility utilized for entering ation administration. Further the facility "did one ware to address problems terview confirmed the vare of continued medication in Administrator stated, them" Continued interview or of Nursing was a mmunication to the CQI medication errors, "did not one" Further interview with ealed the CQI committee did own in the process of ation "felt like more don specific staff members on or verification ed interview confirmed the committee "do not have address the systemic ation administration in the	F	520	How you will identify other residents havin potential to be affected by the same deficipractice and what corrective action will be All residents in the TCC (facility) were conto have the potential to be affected. The El Medication Administration Record (E-MAR Electronic Treatment Administration Record (E-TAR), and Electronic Physician Order E (E-POE) system was abandoned immedial Septemeber 30, 2014, returning to a handpaper-based MAR, TAR, and physician order system, effective October 1, 2014. On September 30, 2014 through October 1, 2014, charts a MARs of 100% of the current residents (68 reviewed during our conversion from electromatic MAR to paper MAR. In the process, the recover analyzed for any medication errors by Medical Director who was on site through the conversion process.  Our initial review identified 7 residents (8 entering the second of the error and another (one on MR# 448221) was found not to be an enfollowing residents were affected:  Resident MR# 475365: Omission of medical September 14, 2014.  Resident MR# 483234: Transcription error of September 18, 2014.  Resident MR# 689434: Transcription error of September 25, 2014.  Resident MR# 524029: Transcription error of September 23, 2014.  Resident MR# 524029: Transcription error of September 4, 2014.  Resident MR# 488221: Transcription error of September 15, 2014.  Starting September 30, 2014, additional Reg Nurses (RNs), employed by Parent Hospital Memorial) were assigned to the TCC to comthe following tasks (see bullets).	ent taken; sidered ectronic ), d ntry ely on written, ier itember end ) were onic cords the ne entire entire rors) n further eviously of two for. The tion on in istered (Blount	

STATELIES	TO FOR WEDICARE	& MEDICAID SERVICES	T-10		0	MB NC	0.0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		445404	B. WING	<b>:</b>			
	PROVIDER OR SUPPLIER  MEMORIAL TRANS		· · · · · · · · · · · · · · · · · · ·	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804		/02/2014
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
	Interview with the Ci 30, 2014, at 10:45 a revealed the CQI co specific medication and had been sent to Team. Continued in identified a trend relieducation process, a employees with transmire further interview revidentified, in the process and hour chart checks, a Director of Nursing a Practical Nurses (LP 24 hour chart checks confirmed LPNs were of 24 hour chart checks confirmed neither the Director of Nursing (I of the LPNs. Further Nurse confirmed the attended CQI meetin Quarterly Advisory more vealed the CE/QA I Medical Director of the process" Further in "identified that the pentry by ward clerks the intervention initiat to inform the ward clerks are the inform the ward clerks."	E/QA Nurse on September .m., in the conference room, mmittee had discussed errors which had occurred to the Risk Management terview revealed had ated to the new employee and trends related to specific scription errors which g (on an individual basis)" ealed the CE/QA Nurse had ress of 24 hour chart checks, pleting order verification was the was completing the 24 and had discussed with the plan to include Licensed Ns) in the completion of the c. Continued interview a educated in the completion exts. Continued interview a educated in the CE/QA CE/QA Nurse nor the DON) monitored the addition interview with the CE/QA CE/QA Nurse regularly gs and was present during eetings. Continued interview Nurse was asked by the fe facility "to look at alterview confirmed process of med [medication] was being interrupted" and ed by the CE/QA Nurse was erks to no longer take charts	F.	520	The Medical Director oversaw this process clarified any questions concerning physiciar that were identified during the transcription process:  • Transcribe all physician orders for every corresident to a hand-written MAR and/or TAR September 30, 2014 for immediate use.  • Two RNs verify accuracy of all physician of for every current resident to a hand-written Mand/or TAR after transcription completed on October 1, 2014.  • Provide every 12 hour chart checks to incluse view of all MARs, TARs, and new physicial orders effective October 1, 2014. This procesongoing.  • Administer all medications under the purviet two licensed nurses (RN or Licensed Practic Nurse (LPN)) effective October 1, 2014. This process is ongoing.  What measures will be put into place or what systemic changes you will make to ensure the deficient practice does not recur;  The TCC Medication Error/Risk Team (see e. 13), which began meeting on October 6, 201 includes the TCC Medical Director, TCC Administrator, Hospital CMO, Hospital CNO, Consultant Pharmacist, Hospital Associate N. Executive, TCC DON, TCC PCCs, TCC CE, Hospital Risk Manager, and Hospital Quality Management Director reviews all occurrence weekly. The CMO, CNO, Hospital Risk Team functions as an independent committee reporting its findings to the parent hospital and the QA committee to enhance its ability to better identify negative patterns or trinvolving any adverse occurrence. The CMO is as Chairman of the TCC Medication Error/Risk Team and will provide a summary of issues.	orders  urrent on  rders  MAR  ude n ss is ew of al at the at the urse  s f m, on t serves k	
1	to another floor during medication entry in th interview with the CE	e computer. Continued  QA Nurse revealed the			monthly for the Governing Board (Blount Men Hospital Board of Directors) as indicated.	iorial	

OC. 741	TIMENT OF BEALTH	AND HUMAN SERVICES				PRINTEL	J: 10/15/201
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	MAPPROVE
STATEMEN	NT OF DEFICIENCIES LOF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPI A. BUILDING				LE CONSTRUCTION	(X3) DA	) <u>. 0938-039</u> TE SURVEY MPLETED
<u>-</u>		445404	B. WING				
NAME OF	PROVIDER OR SUPPLIER		<del></del>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	. 1 10	/02/2014
BLOUN	T MEMORIAL TRANS	3.155 cm	i		2320 EAST LAMAR ALEXANDER PKWY		
DE-0014	T MEMORIAL TRANS	CARE CTR					
(X4) ID	SHMMADV STA	TEMENT OF DEFICIENCIES			MARYVILLE, TN 37804		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
The state of the s	order entry "in the "probably biggest addressing medication confirmed the only splace by the facility to the ward clerks by facility failed to ident medication and transfer to F157-L, F28 F425-L, F428-L, F49  The Immediate Jeop February 12 through removed onsite on CAcceptable Allegation received and correction the surveyors through interviews, and obserview	so instructed to complete back" of the nurse station, thing I've seen" (for ion errors). Further interview ignificant intervention put in was the instruction provided of the CE/QA Nurse, and the lify a continued pattern of scription errors.  31-L, F309-L, F333-L, 10-L, F493-L, F501-L  ardy was effective from October 1, 2014, and was october 2, 2014. An of Compliance, which acy of the jeopardy, was live actions were validated by in review of documents, staff revalions conducted onsite on e surveyors verified the nice by:  lity's in-service records to were educated regarding on administration which entation of paper Medication	F 5	20	Initial education on the transcription and	d verification d by the face to face PNs present er 30, 2014 d the sess for ARs, chart currence (see exhibit ober 16, Interim of the s for utilizing nacy. This This is a potate Nurse approved N, CNO, bes the d was the expense of the sess for utilizing nacy. This first is a potate Nurse approved N, CNO, bes the d was the expense of the conducted Care 2014 all cal nurses and ward on letted their 014 (see sive as part of This bolicy so be PNs.	
: '	work or who were on Leave. 2. Verification of the administration system ncluded discontinuati	vacation or Family Medical  new medication by the facility which			Beginning October 17, 2014, TCC (facility receives a printed MAR from the pharmat day for the next 24 hour period. These Note reviewed by two RNs for accuracy prior to medication pass by TCC (facility) nurses.	Cy every MARs are o use for	

PRINTED: 10/15/2014 FORM APPROVED OMB NO. 0938-0391

CENIE	CENTERS FOR MEDICARE & MEDICAID SERVICES						JAVORARAMOR	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				OMB NO. 0938-039-	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING				(X3) DATE SURVEY COMPLETED	
İ						1		
NAME OF	PROMPER OF SUPPLIES	445404	B. WING			10	/02/2014	
THAINE OF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			1 1010212014	
BLOUNT	MEMORIAL TRANS	CARE CTR	[		20 EAST LAMAR ALEXANDER PKWY			
	<del></del>			M	ARYVILLE, TN 37804			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETION DATE	
F 520	implementation of p Administration Reco review reconciling n correct reconciliation 3. Verification thro	tration Record (EMAR) and aper Medication ords. Verification included ew physician's orders and the notate the new paper MARs.	F 5:	20	The Nursing Leadership Team reviews a occurrences daily and the TCC Medicatic Error/Risk Team reviews all occurrences. The Nursing Leadership Meeting meets a Monday through Friday and is attended by Administrator, DON, Patient Care Coordin (PCCs), CE, and Medical Director at her or as requested. During this meeting, a greview of occurrences including medication.	on weekly. at 8:00am by the TCC nators discretion eneral		
	facility documentation medication orders w paper MARs.	ical Director, and review of on all current resident's rere accurately transcribed to			and ensuring appropriate notification has completed. (see exhibit 7). Weekend occu are reviewed on Monday.	been urrences		
	Nursing and review Report modified to renotification of reside errors.	ugh interview with Director of of the Medication Occurrence equire the date and time of int and/or family of medication			The TCC Medication Error/Risk Team me Monday at 1:30pm and includes the TCC Director, TCC Administrator, Hospital CMI Hospital CNO, Consultant Pharmacist, Hc Associate Nurse Executive, TCC DON, TC TCC CE, Hospital Risk Manager, and Hos Quality Management Director. In addition	Medical O, ospitat CC PCC, spital to other		
	transcription errors of current resident's me	agn interview with the sylew of facility acility's identification of eight luring the facility's audit of all edication orders. Review of n verified residents or			responsibilities (see exhibit 13), the Medic Error Team/Risk Team reviews all medica occurrence reports (see exhibit 6), identified negative trends from the analysis of data with our medication error database, and reviews. Hospital Quality Management audit results	ation ition es we enter ews the		
:	resident's family, and the errors. Verification Medical Director of in assess resident's statement, and provide claned needed.	I physician were notified of on through interview with the mmediate intervention to the arification orders where		; ; ;	The TCC Medication Error/Risk Team function an independent committee reporting its finithe parent hospital and the Quality Assural Committee to enhance its ability to better in negative patterns or trends involving any a occurrence. Identification of trends will enh QA Committee's effectiveness.	dings to nce (QA) dentify dverse		
; ; ; ;	6. Review of a random sample of active resident charts to verify the accurate transcription of new physician's orders to the paper MARs. Review of random sample of active resident charts for the completeness and accuracy of 24 hour chart checks.  7. Verification through observation in both nursing stations new orders were being transcribed by Registered Nurses only.  8. Verification through observation of 3 Licensed			r a s e c a c ir	The team will also discuss any Safety Hotil made concerning medication errors or med administration processes at TCC. This Hoti used to report conditions affecting clinical resafety or quality of care issues including merrors or concerns. Calls may be left anonor callers may leave contact information. The are transcribed by the Quality Managemen Department at the hospital and reviewed individually by the Hospital Risk Manager at Chief Medical Officer. The Hospital Safety I phone number is posted in staff work areas	dication line is resident edication ymously he calls it and the Hotline		

Practical Nurses (two on the ground floor and one on main floor) of medication administration by

A SULDING LOOP CORRECTION A SULDING LOOP COMPLETED LOOP A SULDING LOOP COMPLETED LOOP A SULDING LOOP COMPLETED LOOP A SULDING LOOP COMPLETED LOOP A SULDING LOOP COMPLETED LOOP A SULDING LOOP COMPLETED	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERICHA			OMB NO. (					
BLOUNT MEMORIAL TRANS CARE CTR    X4] ID   SUMMARY STATEMENT OF DEFICIENCIES (REGULATORY OR LSC IDENTIFYING INFORMATION)   DREFIX TAG   TREGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDERS BLAN OF CORRECTION (REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETION OF CONTINUED TO THE APPROPRIATE   COMPLETION OF CONTINUED TO THE APPROPRIATE   COMPLETION OF CONTINUED TO THE APPROPRIATE   COMPLETION OF CROSS-REFERENCED	AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DA	(X3) DATE SURVEY			
BLOUNT MEMORIAL TRANS CARE CTR  (X4) ID PREFIX FAGRE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 520 Continued From page 150  Licensed Practical Nurses with the addition of Registered Nurses assisting to ensure the accuracy of administered medications.  9. Verification through interviews with nine Registered Nurses, seven Licensed Practical Nursing Assistants to determine the comprehension gained through in-services conducted by the Director of Nursing regarding the changes and implementation of the facility's new transcription and verification procedures.  10. Verification through interview with the Administrator, Medical Director, Chief Nursing Officer, Risk Management Team, Director of Nursing, and Director of the Pharmacy Vendor of their participation in risk management meeting to address the system changes with medication administration, and involvement of all parties in ongoing quality assurance.  11. Verification through observation and interview with ward clerks and registered nurses the facility discontinued the process of entering physician orders electronically by the ward clerks.  12. Verification through observation faxed medication orders were reconciled in real time.		445404	B. WING	S	10	10010014			
MARYVILLE, TN 37804	NAME OF PROVIDER OR SUPPLIER		<u>,                                     </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		10212014			
Asi   D   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PROVIDERS PLAN OF CORRECTION   PREFIX   PREFIX   PROVIDERS PLAN OF CORRECTION   PREFIX   PREFIX   PROVIDERS PLAN OF CORRECTION   PREFIX   PROVIDERS PLAN OF CORRECTION   CEACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DATE OF COMPLETON   DATE	BLOUNT MEMORIAL TRANS	CARE CTR		2320 EAST LAMAR ALEXANDER PKWY					
Licensed Practical Nurses with the addition of Registered Nurses assisting to ensure the accuracy of administered medications.  9. Verification through interviews with nine Registered Nurses, seven Licensed Practical Nurses, and three Ward Clerks/Certified Nursing Assistants to determine the comprehension gained through in-services conducted by the Director of Nursing regarding the changes and implementation of the facility's new transcription and verification procedures.  10. Verification through interview with the Administrator, Medical Director, Chief Nursing Officer, Risk Management Team, Director of Nursing, and Director of the Pharmacy Vendor of their participation in risk management meeting to address the system changes with medication administration, and involvement of all parties in ongoing quality assurance.  11. Verification through observation and interview with ward clerks and registered nurses the facility discontinued the process of entering physician orders electronically by the ward clerks.  12. Verification through observation faxed medication orders were reconciled in real time.	PREFIX	' MUST BE PRECEDED BY EUL)	PREF	PROVIDER'S PLAN OF CORRECTIX (EACH CORRECTIVE ACTION SHOES CROSS-REFERENCED TO THE APPR	# D SE	(XS) COMPLETION DATE			
13. Verification by interview with the Director of Pharmacy Vendor the pharmacy consultant will reconcile new medication orders weekly.  Non-compliance continues at an "F" level for monitoring the effectiveness of corrective actions and evaluation of monitoring by the Quality Assurance Committee. The facility is required to submit a plan of correction.  Starting October 15, 2014, all QA Committee agendas and minutes will be reviewed by the Hospital Quality Management Director monthly for 3 months, then quarterly on an ongoing basis. If indicated, the Hospital Quality Management Director will make recommendations to the CNO and TCC (facility) Administrator. The Hospital Director of Quality Management reports directly to the CMO.	Licensed Practical N Registered Nurses a accuracy of adminis 9. Verification throu Registered Nurses, Nurses, and three W Assistants to determ gained through in-se Director of Nursing r implementation of th and verification proc 10. Verification throu Administrator, Medic Officer, Risk Manage Nursing, and Directo their participation in r address the system of administration, and ir ongoing quality assur 11. Verification throu with ward clerks and discontinued the proc orders electronically if 12. Verification throu medication orders we 13. Verification by inte Pharmacy Vendor the reconcile new medical Non-compliance cont monitoring the effection and evaluation of mon Assurance Committee	Nurses with the addition of assisting to ensure the assisting to ensure the assisting to ensure the assisting to ensure the assisting to ensure the assisting to ensure the additions. The facility is required to ensure the comprehension envices conducted by the regarding the changes and refacility's new transcription edures. The facility is new transcription edures. The process of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy Vendor of the Pharmacy of the Vendor of the Pharmacy consultant will altion orders weekly.  Inues at an "F" level for veness of corrective actions intoring by the Quality e. The facility is required to	F	How the corrective action(s) will be more ensure the deficient practice will not recowhat quality assurance program will be place.  On October 16, 2014, additional data file added to the occurrence tracking system enable trending of medication error deta employee and shift in addition to the price by date and error type. October 24, 201 field was added to enable trending by will trended, and addressed, a report of all in the period, using a quality database trace system, will be reviewed monthly during meeting and quarterly during the TCC Adcommittee meeting. The QA Committee monthly on the third Wednesday of the nothing on the third Wednesday of the nothing the Pharmacy Consultant. The purpose of (RD), Minimum Data Set (MDS) coordinate the Pharmacy Consultant. The purpose of Committee is to provide general oversigh quality of care at the facility (see exhibit 1 The TCC Advisory Committee meets qualithe Fourth Wednesday of the month followend of the quarter at 7:00am and includes Administrator, TCC Medical Director, Dire Nursing, Chief Nursing Officer, Clinical Expatient Care Coordinators, Social Service representative, Registered Dietician, Mini Set (MDS) coordinator, the Pharmacy Coand 2 medical staff members (see exhibit 1 Starting October 15, 2014, all QA Commit agendas and minutes will be reviewed by Hospital Quality Management Director most a months, then quarterly on an ongoing be indicated, the Hospital Quality Management Director will make recommendations to the and TCC (facility) Administrator. The Hospital Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director of Quality Management reports director	ur; i.e., put into  Ids were in that its by in trending 4, a data ing/unit. exported, cidents for king the QA lvisory interest in the QA lvisory into the QA it for the QA				